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ABSTRACT

The purpose of this forum was to examine critical issues in the implementation of supported employment from a variety of perspectives and to provide recommendations for future improvement. Eight invited papers and discussions were organized into four topics: issues related to time-limited funding; disabilities other than mental retardation; support; and rehabilitation facilities and supported employment. Papers have the following titles and authors: "Supported Employment Issues Relating to Time-Limited Funding" (Paul Sale); "Beyond Title VI-C: Accessing SSA (Social Security Act) Funding Resources" (Claude Whitehead); "Supported Employment for Individuals with Disabilities Other than Mental Retardation" (Jay Buckley et al).); "Supported Competitive Employment for Persons with Head Injury: A Post-Employment Treatment Model" (Wendy Wood et al.); "A Descriptive Analysis of Reasons Why Supported Employees Separate from their Jobs" (Thomas Lagomarcino and Frank Rusch); "Job Opportunities Today and Tomorrow: Ensuring Career Choices, Mobility, and Employment Continuity" (Claude Whitehead); "Rehabilitation Facilities and Supported Employment" (Robert McDaniel); and "Challenging Choices for Vocational Rehabilitation Facilities: Response or Resistance to the Integrated Employment Initiatives" (Claude Whitehead). Three general and 31 specific recommendations resulted from the forum. The general recommendations include: (1) promote the continued development and implementation of supported employment services for people with severe disabilities; (2) promote the continued development and implementation of related placement and training techniques for people with disabilities who require vocational rehabilitation services other than supported employment; and (3) develop support systems necessary to promote a full array of employment and employment related services for people with disabilities through adequate funding, policies, and research methodology. The names and addresses of the members of the supported employment work group are appended. The papers cite a total of about 170 references. (DB)

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Proceedings from the 1988 Annual Meeting of
The President's Committee on Employment of
People with Disabilities

Special Report: An Examination of The Impact of Supported Employment on Our Nation's Citizens With Severe Disabilities

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Special Report: An Examination of The Impact of Supported Employment on Our Nation's Citizens With Severe Disabilities

May 5, 1988

Edited by
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Introduction

This document describes the proceedings from the May 5, 1988 forum on supported employment. The forum was the culmination of activity initiated in the Fall of 1987, by the Employment Preparation Committee of the President's Committee on Employment of People with Disabilities. Ms. Susan Suter, then chairperson of the Employment Preparation Committee and Commissioner of Illinois Department of Rehabilitation Services assigned planning and implementation of the forum to the supported employment work group, chaired by Dr. Edna Szymanski. Ms. Faith Kirk of the President's Committee staff assisted the work group in all aspects of forum preparation, implementation, and publication arrangements. Work group members are identified on Appendix A of this document.

The purpose of the forum was to examine critical issues in the implementation of supported employment from a variety of perspectives and to provide recommendations for future improvement of supported employment services. Four topical areas were chosen to provide focus to the forum. Nationally recognized leaders in supported employment were asked to chair the four topic panels. Input was sought from members of the supported employment work group in the preparation of panel presentations. Panel chairpersons and their topical assignments were as follows:

Panel Areas and Chairpersons

Area: Supported Employment Issues Relating to Time-Limited Funding
Chairperson: Dr. Paul Sale

Description: Often it is difficult to ascertain whether an individual will need ongoing support or time-limited job coaching services and follow-up until after the individual has been placed in a job, trained to job standards, and is stabilized in work performance and behavior. This issue may be complicated by supported employment grant funding requirements. Is it possible that funding services can influence service more than individual client need? What are the current and potential future dimensions of this issue?

Area: Persons with Disabilities Other Than Mental Retardation
Chairperson: Dr. Jay Buckley

Persons with different disabilities may have different service needs in supported employment. Availability of long-term support funding differs by disability group. It has proven particularly problematic for some groups (e.g. persons with blindness and low vision, persons with deafness and hearing impairments, persons with traumatic brain injury). What are the current issues with respect to both service provision and long-term funding for special populations. What can be done to improve supported employment options for these individuals?

Area: Support
Support Chairperson: Dr. Frank Rusch

Description: Is it possible that current regulations may result in individuals receiving support beyond what is appropriate in order that agencies may meet funding requirements? How do we promote the "least restrictive environment" and "least intrusive support"?

Area: Rehabilitation Facilities and Supported Employment
Chairperson: Dr. Robert McDaniel

Rehabilitation facilities have long championed the rights of persons with disabilities to work as productive members of society. Whitehead (1988) reports that 1/2 of existing facilities offer supported employment programs and 1/3 are considering or preparing for such endeavors. What specific issues challenge these facilities as they shift to supporting community integrated employment?

Forum and Proceedings

The forum was chaired by Dr. L. Allen Phelps, vice chairperson of the Employment Preparation Committee. Officials from a variety of federal agencies participated as a blue-ribbon panel, hearing the presentations from the various panels and questioning presenters. Members of the blue ribbon panel were:

Al Dickerson
President
Council of State Administrators of State Vocational Rehabilitation Agencies

Fred Isbister
Program Specialist for Supported Employment
Rehabilitation Services Administration

Ken McGill
External Affairs Officer
Social Security Administration

William Pittman
Administration on Developmental Disabilities

Susan Ames Zimmerman
Executive Director
National Association of Developmental Disabilities Councils

The goal of this document is to present the proceedings from this forum. Panel chairpersons prepared and submitted summary papers. Supplementary papers were submitted by some members of the supported employment work group. While an official transcript of the forum was made, the present report is made up of two major sections: (a) a summary of the proceedings and recommendations presented at the May 5, 1988 forum; and (b) the summary papers and additional support papers.

It is our intent that the readers of this document will make use of the ideas and information to improve existing supported employment programs and to establish new programs and policies that enhance supported employment activities. In addition, we hope that this document will stimulate readers to share ideas, information and resources with other persons interested in supported employment.

Section A
May 5, 1988 Forum Proceedings and Recommendations Summary

Supported employment was conceptualized as a flexible service delivery and employment option for persons with severe disabilities in which services were designed according to individual needs and desires, and available community resources. As the original concept matured and was connected with various funding streams, policy makers were challenged to balance flexibility with accountability. At the same time, it became clear that many of the job placement and training techniques which characterize supported employment are also valuable vocational rehabilitation (VR) service options for people with disabilities who do not need the ongoing support associated with supported employment. In order to assist policy makers with the challenges of supported employment and related services, the President's Committee on Employment of People with Disabilities offers the following synopsis of the forum proceedings, and a series of general and specific recommendations on a panel by panel basis.

Panel 1: Time-limited services
Chairperson: Dr. Paul Sale
Panel Members: Claudia Horn
Claude Whitehead

Four issues which were raised during this panel presentation. These included the following: (a) appropriateness of long-term support for some individuals, (b) incentive for decreasing support and increasing independence, (c) alternate funding sources for supported employment and time-limited services (e.g., Social Security funds or incentives), and (d) allocation of scarce financial resources.

Recommendations

1. Time-limited services should be delimited as those services beginning with 30 hours of pre-placement activity tied directly to placement (e.g., job development, consumer screening) which is initiated immediately upon acceptance of a referral by a vendor and continues until the vendor (i.e., the employment training specialist) spends less than 20% of a consumers working hours in active intervention.
2. Time-limited dollars should be re-allocated to a target worker based on established criteria (e.g., status 32).
3. The distribution of time-limited services to consumers through vendors should be monitored and evaluated by state VR agencies taking into account employment outcome measures.
4. Sources such as social security should be examined as a potential long term funding mechanisms.

Panel 2: Special (Other) Populations
Chairperson: Dr. Jay Buckley
Panel Members: Dan Abatemarco
Karen Danley
Mike Morris
M.V. Morton

Two central issues emerged in this panel. First, the model of service delivery approach for supported employment must vary according to the specific needs of the persons served (e.g., very different service models and approaches are needed for persons with chronic mental illness or traumatic brain injury as opposed to persons with mental retardation). Second, funding for on-going support services is a definite problem for persons with disabilities other than mental retardation (and perhaps chronic mental illness). Funding problems are particularly acute for persons with traumatic brain injury, blindness, and other severe physical disabilities. Supported employment, nonetheless, affords a viable avenue of enabling continued participation in the labor market by persons with such disabilities.

Recommendations

1. Develop and disseminate procedures/technologies for service options that meet the varying individualized needs of consumers with disabilities other than mental retardation.
2. Promote forums that enable providers, advocates, personnel trainers and funders to identify those program components that require and do not require disability-specific procedures, technologies and training events.
3. Provide training and technical assistance for the range of professionals involved.
4. Make contact and build relationships with programs already serving these individuals.
5. Inform potential providers of supported employment services of potential pitfalls, of the procedural and organizational *mistakes* that have been made in the provision of supported employment services so that these providers do not repeat errors made in programs for individuals with developmental disabilities.
6. Work with provider organizations, advocates, consumers, vocational rehabilitation counselors and funders to identify those individuals who will require supported as opposed to transitional employment services.
7. Involve consumers and advocates in the development and implementation of supported employment services.
8. Promote efforts to measure the impact and personal satisfaction experienced by individuals placed in varying types of supported employment jobs.
9. Allocate resources for family support.
10. Build interest and systems for developing employer and co-worker support.
11. Support and increase efforts to develop a number of sources of long-term funding.
12. Remove economic disincentives to work.
13. Investigate the effect that insurance funding has on service costs and access.

Panel 3: Support: Too Much or Too Little
Chairperson: Dr. Frank Rusch
Panel Members: Thomas Lagomarcino
Claude Whitehead

Panel 3 also considered the allocation of scarce resources. Of particular interest was the relatively high percentage of persons with mild to moderate mental retardation (as opposed to more severe disabilities) who had been served in supported employment programs in one state. Additional information was provided on tenure of placement and reasons for termination. Although some comments were raised about a relatively low (approximately 60%) retention rate, it should be noted that that figure considers job retention while many rehabilitation outcome statistics consider only acquisition. Additionally, it should be remembered that supported employment is designed for individuals who would otherwise not have been employed in the community. Additionally, Dr. Rusch pointed out that the majority of the terminations came from two of the 26 programs surveyed. This panel stressed the need for continued research in the area.

Recommendation

In order to prevent overidentification of potential consumers for supported employment services, it is recommended that the Rehabilitation Services Administration and state vocational rehabilitation agencies work to establish an easier mechanism (as compared with current practices) which would enable rehabilitation counselors to switch individual cases from a supported employment funding code to a more appropriate funding code.

Panel 4: Rehabilitation Facilities
Chairperson: Dr. Robert McDaniel
Panel Members: Geraldine Hansen
Claudia Horn
Jeanne Welsh
Claude Whitehead

Panel 4 provided a lively interchange about the place of rehabilitation facilities in services to persons with disabilities. Facility proponents cited the responsiveness of facilities to the needs of the community and the labor market. Others mentioned outdated training and placement techniques and low paying positions as impediments to facility effectiveness. The need for staff training was emphasized. Facilities were depicted by those involved in the panel as the major deliverers of supported employment services.

Recommendations

1. Revise existing regulations which prevent Social Security Administration funds from being applied to supported employment for long-term support defined by other federal agencies.
2. Broaden federal supported employment regulations in the Rehabilitation Services Administration beyond existing inferences to persons with mental retardation and chronic mental illness to specifically cover persons with severe disabilities who may need other types of on-going support than those currently allowed.
3. Coordinate relevant federal agencies to develop guidelines for standardized consumer evaluation, assessment, and ecological analysis based on consumer need to determine criteria for appropriate referrals for supported employment.
4. Give priority emphasis to facility personnel training and technical assistance in developing and applying skills of persons with severe disabilities to make informed decisions pertaining to their employment options. Assurances should be developed for all persons receiving public services to have an opportunity to become familiar with, and have equal access to options available to all people in the community.
5. Require that public agencies use only community service provider direct-service personnel who are trained and competent in the techniques of applied behavioral analysis and systematic instruction.
6. Conduct studies on supported employment fee structures and rate setting practices and produce recommendations on how to avoid having consumer supported employment job decisions made which favor the economic status of the service provider organization, but may not be the best option of the disabled worker.
7. Require, through regulations, that state supported employment plans be developed in response to local collaborative planning that involves consumers, school-age, and adult service providers, employers, and local representatives of state agencies.
8. Develop economic incentives and operational policies which permit supported employment services to be managed at the local level with service providers accountable to consumers, employers, and the local support network that includes public and community agencies.

Summarizing the four panel presentations, blue ribbon panel responses, and supporting papers produces 3 general and 31 specific recommendations for the future of supported employment. These are as follows:

General Recommendations

1. Promote the continued development and implementation of supported employment services for people with severe disabilities.
2. Promote the continued development and implementation of related placement and training techniques for people with disabilities who require VR services other than supported employment.
3. Develop support systems necessary to promote a full array of employment and employment related services for people with disabilities through adequate funding, policies, and research methodology.

Specific Recommendations

1. Provide clear definitions and guidelines for what portions of supported employment services are fundable through time-limited funding streams (e.g., regular, section 110 VR funds, JTPA).
2. Encourage independence and autonomy of persons with severe disabilities through regulatory guidelines which:
   (a) encourage service providers to fade (decrease) support to the minimum level that promotes maximum consumer independence, stability, and quality work performance,
   (b) encourage complete withdrawal of supported employment services for consumers who demonstrate continued independence,
   (c) promote development and funding of follow-up services, and when necessary return to active supported employment services, for such individuals, and
   (d) encourage provision of supported employment or time-limited services for persons with severe disabilities who need such services in order to maintain competitive employment.
3. Provide incentives for inclusion of persons with the most severe disabilities in supported employment and educate involved service providers regarding the varying and intensive needs of such individuals.
4. Promote changes in regulations to encourage flexibility in supported employment funding and program monitoring so that persons with severe disabilities can be switched into and out of supported employment service categories according to individual need rather than programmatic constraint.

5. Develop incentives for providing quality services with emphases on program outcomes rather than on process standards and continuing innovation.
6. Encourage the development and use of technology (mechanical, electronic, and learning) to resolve incongruencies between individual consumers and job/environmental demands and to promote consumer independence.
7. Develop and disseminate procedures/technologies for service and funding options that meet the varying individualized needs of consumers with disabilities other than mental retardation (e.g., traumatic brain injury, mental illness).
8. Promote forums and research that enable providers, advocates, consumers, parents, personnel trainers, and funding agencies to identify and differentiate those program components that require and those components that do not require disability-specific procedures, technologies and training events.
9. Provide resources for ongoing training and technical assistance for the range of professionals, consumers, parents, and advocates involved in supported employment service delivery.
10. Inform potential providers of supported employment services of the potential pitfalls and of the procedural and organizational mistakes that have been made in the provision of supported employment services so that these providers do not repeat errors which could be averted. Promote organized dissemination of supported employment related information and resources.
11. Involve consumers and advocates in the development and implementation of supported employment services.
12. Increase involvement of and services to families of persons with disabilities.
13. Build incentives and systems for developing employer and co-worker support.
14. Increase efforts to identify, develop, increase the numbers of sources and the amount of funding available for long-term support for all consumers, especially those for whom long-term support funding is not currently available (e.g., consumers with disabilities other than mental retardation or chronic mental illness).
15. Re-emphasize the role of supported employment as one part of a coordinated rehabilitation process based on a comprehensive assessment of individual needs.
16. Examine the relationship of supported employment to other rehabilitation and support services (e.g., supported housing, rehabilitation engineering, independent living).
17. Support and increase efforts to remove economic disincentives to work and to increase understanding of available work incentives.
18. Investigate the effect of insurance funding on service costs and access.
19. Support and increase funding for a wide range of research on supported employment services and other rehabilitation.
20. Encourage recognition of the complexity of supported employment research and cautious utilization and interpretation of program and cost data.
21. Investigate and encourage alternatives for community based case management (services coordination) services.
22. Develop and or strengthen linkages among involved service delivery systems (e.g., Vocational Rehabilitation, Mental Retardation and Developmental Disabilities, Mental Health) on national, state, and especially local levels.
23. Encourage development of career paths (rather than single terminal placements) for persons with severe disabilities.
24. Encourage innovation and expansion of supported employment models.
25. Encourage legislative efforts to develop long-term support funding for consumers with all types of disabilities (e.g., visual impairment, traumatic brain injury).
26. Explore initiatives to increase integration of consumers involved in service/commodity contracts.
27. Encourage research to examine relationships between staff competencies and consumer outcomes.
28. Encourage establishment of outcome referenced guidelines, standards, and quality indicators to evaluate supported employment programs.
29. Encourage generality of regulation so that supported employment can be adapted appropriately across diverse disabilities and environments.
30. Encourage consideration of "least intrusive" guidelines for ongoing support services.
31. Promote continuation of tax incentives for employers who hire persons with disabilities; investigate and promote corporate incentives; investigate and promote initiatives for employers who provide ongoing support.

Section B
Invited Papers

Supported Employment Issues Relating to Time-Limited Funding

by Paul Sale
Rehabilitation Research and Training Center
Virginia Commonwealth University

The development of Supported Employment as a rehabilitation option for persons with severe disabilities has created a twofold perspective. One, it has created opportunities for persons with disabilities. Two, it has also created a plethora of issues regarding funding of the service. The purpose of this present paper is to discuss several of the issues surrounding the time-limited funding aspect of supported employment. Recommendations will be made to partially resolve these issues.

What is Supported Employment?

The Rehabilitation Act Amendments of 1986 (PL 99-506) define supported employment as "Competitive work in integrated settings (a) for individuals with severe handicaps for when competitive employment has not traditionally occurred, or (b) for individuals for whom competitive employment has been interrupted or intermittent as a result of a severe disability, and who, because of their handicap, need on-going support services to perform such work (Federal Register, August 14, 1987). There are a variety of models through which supported employment can be implemented including mobile crews, enclaves, individual placements and small business models. While the structure of these models vary, competitive wages, integration with persons who do not have disabilities, and on-going (lifetime) support services are characteristics of supported employment across all models. The on-going nature of the support services is a distinguishing attribute that differentiates supported employment from other traditionally time-limited services provided by vocational rehabilitation agencies.

The general supported employment model has four distinct but interrelated components (Wehman & Kregel, 1985). Component 1, job placement, involves locating an appropriate job for the consumer and attending to a myriad of logistical details prior to the consumer actually beginning work (e.g., arranging transportation and communicating with the Social Security Administration). Component 2, job site training and advocacy, consists of the behavioral training on job duties and social skills, and employer/coworker education. Component 3, ongoing monitoring, includes obtaining regular feedback from the employer and utilizing that feedback along with behavioral data relating to the consumer's performance to determine when it is feasible for the consumer to independently perform the job tasks. Follow-up/follow-along and retention, component 4, refers to gradually leaving the job-site while maintaining periodic and systematic monitoring of the worker via job-site visits, phone calls, and written evaluations from the employer. Time-limited funding is generally used to support components 2 and 3, and to some extent component 1. Component 4, being unique to supported employment, poses unique funding needs which will be explored later.

What is Time Limited Funding?

Traditionally, vocational rehabilitation (VR) has funded vocational services such as work evaluation, work adjustment and job placement. Each of these activities has discrete and identifiable beginning and ending points. VR agencies, for example, decide a priori how many hours are available for a given service for each consumer. Inasmuch as these vocational services have these predetermined beginning and ending points rather than being dependent on consumer functioning, they are considered time-limited. The time-limited nature of these services can be contrasted with other services such as day activity and residential services which are often provided on an on-going basis by the departments of Mental Health, Mental Retardation, or other agencies providing services to persons with disabilities. The VR service dollars are currently distributed via authority of Title I and VI-C of the Vocational Rehabilitation Act Amendments of 1986. Title I monies are general case service dollars, while Title VI-C monies are allocated *specifically* for supported employment. Continued appropriations of service dollars specifically dedicated to supported employment (i.e., VI-C monies) are questionable.

It is important to remember that vocational rehabilitation funds have (and are currently) only allocated for services to individuals for a specific length of time. Time-limited funding is generally allocated for initial job placement, training, and other requisite interventions occurring early in the job placement process. Therefore, funding to provide the on-going follow-along component of supported employment is not borne with time-limited VR dollars.

Who Provides On-going Funding?

An extensive discussion of the provision of on-going funding and related issues are dealt with elsewhere in this paper. However, a brief explanation of current funding patterns is provided here. The agencies that fund day support services for persons with disabilities generally have assumed the funding responsibilities for on-going support services. Depending upon the state, the agency may be the departments of Mental Health, Mental Retardation, or Developmental Disabilities. Unlike the time-limited funds used for initial training and other intervention, these agencies' funds are used to provide on-going follow-along as long as the consumer is working. Since these funds are federally regulated, at least two training contacts per month are required (Federal Register, August 14, 1987).

Issues and Recommendations for Time-limited Funding

There are many issues that arise when providing any new service. Service provision to persons with severe disabilities via supported employment is no exception. While it is impossible to deal with all of the issues within this paper, four important areas of consideration relating to time-limited services and funding, will be provided with specific recommendations. Specifically, the issues are:

1. The duration of time-limited service funding,
2. The reaccess of time-limited service funding,
3. The evaluation and monitoring of consumer outcomes, and
4. The identification of alternative funding strategies.

The issues presented above, and detailed below, are not all inclusive. They represent only a portion of the issues that must potentially be resolved if supported employment is to continue to be an effective vocational service delivery model.

The Duration of Time-limited Funding: When Should Time-limited Services Begin and End?

To date, there exists no consensus on when time-limited service funding (TLSF) for supported employment should begin or end. Indeed, there is a wide variety of interpretations by VR counselors as to what supported employment services can be paid for prior to placement and how many hours post-placement should be authorized for a given individual. Effective supported employment providers engage in several types of service (e.g., job development, job analysis) before a consumer screening and assessment, and other pre-placement activities such as arranging for transportation or uniforms are essential pre-placement activities (Moon, Goodall, Barcus, & Brooke, 1986). The degree to which a provider is reimbursed for these critical activities via TLSF is highly variable.

Given extremely variable consumer and job characteristics, the conditions for terminating TLSF are equally unclear. Changes in managers at the employment site, distribution of work hours and days, and characteristics of employment specialists potentially affect the needed duration of initial consumer training and other interventions.

Recommendation. Because of the variable nature of supported employment, it is recommended that providers of supported employment be reimbursed at a dollar amount equal to at least 30 hours of service for pre-placement activities, payable upon successful consumer placement into an employment setting meeting the criteria of supported employment. It is further recommended that TLSF reimbursement continue until the employment specialist's intervention on the job site is less than 20% of the hours that a consumer works over 8 consecutive weeks (Hill et al., 1987).

Providing at least 30 reimbursed hours will allow providers of supported employment the financial flexibility to engage in quality pre-placement activities. Establishing successful placement as a criterion for recoupment of these pre-placement funds ties the monies directly to positive vocational outcomes (i.e., securing a job) for the consumers. Additionally, associating placement with recoupment provides a disincentive for carrying consumers in a referral pool for extended periods of time without placement in employment.

The 20% recommendation for discontinuing TLSF can be attributed directly to the phases of supported employment as characterized by Hill et al. (1987). Specifically, a consumer is considered stable in a job when she/he requires little active intervention. Using the percentage of necessary employment specialist intervention as an index controls for many variables such as job complexity and employment specialist experience. Thus, the decision regarding the termination of TLSF is highly individualized but made within the 20% parameter.

Reaccessing TLSF: How Can Time-limited Services Be Reaccessed After the Completion of Initial Placement and Training?

The termination of TLSF based on stabilization, coupled with the advocacy and follow-along components of supported employment, creates an additional issue of, under what condition(s), if any, should TLSF be restarted. In one common scenario, the consumer is separated from the job, necessitating reestablishment of VR eligibility. While there is little contention that separation and subsequent application for re-eligibility should occur in this scenario, there exists several other scenarios that are dealt with by individual counselors in highly variable ways. For example, effective follow-along may indicate a need for additional, highly intensive training of a consumer (subsequent to stabilization) because of change in job duties or job-site personnel. Similarly, effective advocacy efforts may create a job advancement opportunity for a successful consumer, requiring additional intensive training. Both of these scenarios create the need for intensive services not intended to be funded by the on-going support funding agency. Some counselors are finding ways of using TLSF. They are moving consumers to Status 32 in order to reaccess TLSF. However, there needs to be established criteria that are uniformly utilized.

Recommendation. Due to erratic application of TLSF reaccessing, it is recommended that the criteria for utilization of TLSF subsequent to stabilization be clarified and/or modified such that TLSF can be utilized to increase intervention above follow-along levels without reestablishing eligibility and regardless of amount of time since case closure. TLSF reaccessing may be by (a) potential job loss, or (b) job advancement through change of position or employer.

The concept of supported employment and its funding is based on a philosophy of normalization and equal vocational opportunity for persons traditionally not served by vocational rehabilitation. One might argue that to limit job retention and advancement by limiting access to services available through TLSF denies equal opportunity for those persons that require supported employment services. Notwithstanding the fact that TLSF is not an entitlement, the question of vocational opportunity as related to specific handicapping conditions will no doubt continue to be an issue as supported employment services are utilized with groups of consumers who have increasingly diverse disabilities (e.g., head injury, long-term mental illness, physical disabilities).

Monitoring and Evaluating Consumer Outcomes: How Can the VR Agency Receive More and High Quality Supported Employment Services for Its Scarce Dollars?

Since time-limited dollars are scarce, the dollars that are spent for supported employment should result in successful employment for persons with disabilities. Success in supported employment is evaluated along several continua including consumers' wages, consumers' integration, job retention, and consumers' advancement. Schalock (1988) proposes eight critical performance evaluation indicators of supported employment including: (1) participant characteristics, (2) setting prior to placement, (3) employment placement environment, (4) employment data, (5) occupational category, (6) level of integration, (7) hours of job support, and (8) job movement patterns.

Recommendation. It is recommended that: (1) providers of supported employment be evaluated according to set criteria, (2) programs that excel in the provision of supported employment services be rewarded, and (3) providers who fail to provide positive outcomes for consumers receive extensive technical assistance to enhance their service provision. Evaluation of new service delivery models is seen more as an art than a science. It is beyond the scope of this paper to identify either criteria or methodology for carrying out such evaluation. However, it is not uncommon to reward service exemplars with increased monies and/or requests for services (e.g., the federal grant and contract award process awards money based on established criteria which includes past performance). As such, evaluation methodologies and their rewards require vigilance in avoiding cronyism and other unfair reward practices.

Alternative Funding Strategies: What Other Potential Funding Sources Are Available for Supported Employment?

Given the scarcity of TLSF for supported employment, it is important to investigate alternative strategies available to fund initial placement and training of persons with disabilities. One example of a potential funding source is Social Security. For example, under the Social Security Act (SSA), sections 222 and 1615, vocational rehabilitation services can be provided to adults for whom there is an "expectation that such services will result in their achieving 'Substantial Gainful Activity' (SGA)". The criteria for reimbursement of state VR agencies involve the performance of SGA (earning at least $300 per month) for a period of nine months. This resource is feasible for many persons participating in supported employment programs because of the likelihood that supported employment involvement will result in eventual earnings of $300 or more on a monthly basis. There are some restrictions but the basic strategy should be to convince the Social Security Administration and VR that the candidate is feasible for this funding. This resource is available for initial, as well as, ongoing support under specified conditions, and represents reimbursement at 100 percent of the cost (i.e., no matching funds are required). States will be given strong encouragement to expand the use of this resource in the future through recommendations produced by a National Disability Advisory Council which was convened by the Department of Health and Human Service in 1987. However, past problems have included the selection process and delays in getting reimbursement to state VR agencies caused by the SGA requirement. (For a full description of potential uses of SSA, see Whitehead, 1988).

Recommendation. It is recommended that: (1) funding sources other than VR be identified and made more readily available for the funding of initial training, and (2) service providers be made aware of any identified additional sources of funds. Since supported employment is a relatively new service delivery option, its interface with other older programs has yet to be fully delineated. It is unclear at this time, for example, exactly how to best utilize SSA funds. Interagency collaboration and cooperation are prerequisite to the efficient disbursement of funds from multiple agencies. Once these additional funds are identified, service providers will need to include their utilization.

Summary

This paper has discussed the nature of time-limited funding as it relates to the provision of supported employment. Four issues and related recommendations were put forth for discussion. The effective and timely resolution of these issues will enhance the provision of employment services to persons with disabilities. Irrespective of policy analysis and change related to these time-limited services funding, "federal legislation. . . should not remove the decision-making ability of the consumer" (Horn, 1988).

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Beyond Title VI-C:
Accessing SSA Funding Resources
Extending Support for Employment for Persons With Severe Disabilities

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Supported employment as a program concept is designed to provide on-going support for persons with severe disabilities who require such support in order to obtain, sustain, and re-obtain employment in the integrated, competitive labor market. The nationwide development of supported employment has generated enthusiasm and encouraging responses from many public and private agencies and organizations, as well as the targeted individuals and their families. However, as this employment initiative begins to move from the planning stage into stable program establishment, serious concerns are being voiced regarding the continuing support system. Recently approved regulations for the Rehabilitation Act Title VI-C State Supported Employment Services Program, indicate that requirements for ensuring ongoing funding of support (beyond the 18 months allowed under Title VI-C) will be a critical part of program access. Also, the initial strategies to redirect funds from "closed down" day programs and sheltered workshops have not been effective, mostly because of sizeable waiting lists for such programs have existed. Failure to address this problem threatens the current momentum of supported employment.

The answer, then, lies in identification and use of new or under-used sources of funds. Although many states funded extended day programs and sheltered employment services from state appropriations, those resources appear to have reached their limits.

However, potential resources for extended support are contained in various parts of the Social Security Act: *Title II, Disability Insurance; Title XVI, Supplemental Security Income; Title XIX, Medicaid; and Title XX, Social Services Block Grant*. These sources are either unused or under-utilized in financing extended services related to employment.

These programs offer a variety of support, directly and indirectly, but require special attention, creative pursuit, and persistence in accessing such relatively untapped resources. For example, there are provisions for funding rehabilitation services, including extended support, under the Title II Disability Insurance (SSDI) program and the Title XVI Supplemental Security Income (SSI) program through "pass-through" provisions as well as through direct services funding. These programs were revised in 1986 and 1987 by the Congress in an effort to encourage more persons with disabilities to enter or re-enter the labor market even though their disabling condition continued. In 1986 and 1987 other changes (Public Law 99-272 and Public Law 100-202) in the Title XIX Medicaid program, e.g., the Home and Community Based Care Waiver and Targeted Case Management authorities, offered potential short-term and extended support for persons with severe disabilities who want to enter or re-enter the employment market and who require assistance to do so.

This paper briefly discusses currently available time limited funding, and then moves on to concentrate on using Social Security Administration (SSA) resources in relatively new and creative ways. The use of these resources demands a better understanding of SSA programs and the identification of the ongoing support needs of persons with severe disabilities. These issues are discussed and followed with a final section that examines the funding and support options currently available through SSA programs.

Time-Limited Funding Availability

In order to concentrate on the critical need for funding extended services beyond time-limited funding provided under Rehabilitation Titles I and VI-C, Job Training Partnership Act (JTPA), Vocational Education (Special Needs), and Education for the Handicapped, this paper will assume that "novel" funding is relatively less critical at this stage of implementing supported employment. However, the inability of state agencies operating supported employment programs and projects to identify stable, continuing sources of funding for employment support beyond the time-limited allocation under Rehabilitation Title VI-C Supported Employment Grants or Title III Demonstration Grants represents a major threat to the current momentum toward development of statewide supported employment networks and to sustaining continued growth. For example, in most states the Title VI-C Supported Employment funding level represents less than a three percent increase in funds available to state Vocational Rehabilitation (VR) agencies.

It should be noted that some states have effectively used Job Training Partnership Act (JTPA) funds for supporting job coaches, Rehabilitation Title I funds for staffing, and Vocational Education (staffing) resources for extended services on a limited basis. Such funding is generally perceived as special project or program initiation support.

Knowing and Understanding Key SSA Programs

The key to effective use of SSA programs is understanding the basic or unique special authority contained within these programs. This paper will attempt to provide some basic technical information which is critical to such access, noting that there are additional requirements, including exceptions, which affect the accessing of the respective resources. Education and training needs, and state agency action required to effectively implement newly changed and expanded programs are discussed in this section. A listing of important SSA publications is provided in the references.

The basic strategy is to: (a) know the provisions, (b) apply that knowledge to program needs, and (c) have an acceptable outcome. Special attention should be given to eligibility for the SSDI and SSI programs, and the extended benefits afforded under SSA Section 1619a for persons who go to work even though their disability continues.

While this paper is directed at persons involved in the supported employment programs as project director or as a direct service staff person, and at persons with severe disabilities and their families, there is a need to provide technical information that can be used in negotiations with state agencies. This paper will go beyond the program level to suggest how this can be accomplished. Citations of federal statutes or regulations are provided to assist in implementation, but a special effort will be made to provide descriptions that can be comprehended by persons not trained in the legal-technical language involved in federal programs.

Education and Training Needs

The basic barrier to accessing these program resources relates mostly to the widespread lack of understanding of the programs by service providers, state administrators, and policy makers. Advocate groups and families of persons with severe disabilities also fail to understand the key provisions and requirements of these important programs. It is especially important to have a basic understanding of the eligibility requirements of the Title II Disability Insurance (SSDI) and Title XVI Supplemental Security Income (SSI) programs, which are explained later in this paper. Generally, persons with severe disabilities who require ongoing support are found to be receiving (or eligible for) SSDI and/or SSI benefits.

In the period since the passage of key legislation in 1986, a series of training seminars and publications have been produced by public and private agency groups in many states, aimed at improving understanding of these important provisions. The Social Security Administration also has directed its local and regional offices to organize and provide training in the benefits and requirements of the SSA disability programs, especially the work incentive provisions.

Technical materials describing the changes also have been developed in many states, often through the State Developmental Disabilities Planning Councils. One 1988 publication, *Guidebook to the Employment Initiatives of the 99th Congress: Opportunities for Persons with Disabilities* (Whitehead & McCaffrey, 1988) offers key technical information designed for consumers and parents, advocates, and service providers. Similar materials are available from a variety of state and regional resources, including rehabilitation research and training centers. These will be an important part of following up on the information presented here.

State Agency Action Required

In order to take advantage of the provisions of some of the newly changed and expanded programs (e.g., the Home and Community Care Waiver) changes in State Medicaid Plans must be proposed and approved by the federal Health Care Financing Administration (HCFA). Other programs (e.g., SSI and SSDI) permit special support or disregard of earnings but the provisions are not often understood by key agency staff or consumers.

A basic prerequisite for most program sources in the SSA group is the ability of the designated state agency to develop acceptable plans and proposals which will receive approval by the federal administering agency, especially the Health Care Financing Administration. State agencies are very well acquainted with the complex problems between congressional action and implementation through regulation. This gap has special importance in the Title XIX programs in which the funding source is not capped.

In other programs (e.g., Title II and XVI) the Social Security Administration has a strong influence in the referral of persons to state VR agencies for vocational rehabilitation services. This is accomplished through the establishment of selection criteria which is based upon expectation of "substantial gainful employment" outcomes.

The Title XX Social Services Block Grant (SSBG), as the name implies, is essentially a state discretionary grant authority and is influenced by state and local planning and priority setting. A large number of states, including Illinois, Pennsylvania, Ohio, Wisconsin, and Colorado, use the SSBG funds to support special services to persons with disabilities, including transportation, extended sheltered employment, day programs, and case management (U.S. Department of Health and Human Services, 1986a).

Ongoing Support Needs

Regulations (34 CFR 363) implementing the Title VI-C State Supported Employment Services Program authorized in PL 99-506: Rehabilitation Act amendments of 1986, provide guidance through definitions as to the expectations of the extended support provisions of the new Title VI-C program. "On-going services" means continuous or periodic job skill training services provided at least twice monthly at the work site throughout the term of employment to enable the individual to perform the work. The term also includes other support services provided at or away from the work site, such as transportation, personal care services, and counseling to family members. If skill training services are also needed, they are provided to that individual at the work site.

There are six most often cited support needs identified in recent studies (Larsen, 1987; Minnesota Governor's Planning Council on Developmental Disabilities, 1987; Rusch, 1986; Whitehead 1987a). These include:

1. Support on the job, i.e., job coaching;
2. Transportation to the job site;
3. Assistance with housing and related accommodations;
4. Personal care attendant;
5. Assistance in re-obtaining a job, when the initial placement is not satisfactory; and
6. Assistance in family-related personal problems.

This list is incomplete but it is intended to assist in the identification of basic support needs for purposes of targeting a specific funding authority. For example, funding of a job coach, an attendant, or special transportation is possible through Title II, XVI, and XIX under certain conditions. In some instances, the individual pays for the service and such expense is deducted in calculating the amount of the income support check. In other instances, the services are purchased by an agency responsible for case management services or rehabilitation or habilitation services.

Funding and Support Options

Three categories of funding are available under various SSA programs: (a) direct services funding, (b) indirect services funding, and (c) reimbursed or deducted payments. Each of these categories are discussed in relation to their sources of authorization.

Direct Services

Title XIX Habilitation Services

Funding of extended direct services is provided for SSI-eligible persons being served under the Title XIX, Home Community Based Care Waiver authority as amended in the 1986 and 1987 Omnibus Budget Reconciliation Acts (PL 99-272; PL 100-203). Under the Waiver Program supported employment is allowable as a habilitation service under section 1915c for persons placed in the community from nursing facilities and similar institutions. This does not cover persons who have not previously been institutionalized but are "at risk" of institutionalization. This exclusion is expected to be addressed in federal statute changes in future legislative action.

Vocational Rehabilitation Services Under Title II and Title XVI Programs

Under SSA sections 222 and 1615, vocational rehabilitation services can be provided to adults for whom there is an expectation that these services will result in their achieving "Substantial Gainful Activity" (SGA). The criteria for reimbursement of state VR agencies involves the performance of SGA (earning at least $300 per month) for a period of nine months.

For many persons participating in supported employment programs this resource is feasible because of the likelihood that supported employment involvement will result in eventual earnings of $300 or more on a monthly basis. There are some restrictions, but the basic strategy should be to convince SSA and VR that the candidate is feasible for this funding. This resource is available for initial as well as ongoing support, under specified conditions, and represents reimbursement at 100 percent of the cost (i.e., no matching funds are required). States will be given strong encouragement to expand the use this resource in the future through recommendations produced by a National Disability Advisory Council convened by the Department of Health and Human Services in 1987. The basic problem in the use of this resource has been the selection process and the delays in getting reimbursement to state VR agencies caused by the SGA requirement.

Social Services Block Grant

As previously noted, this Title XX source has been used effectively to support community-based services for persons with disabilities (U.S. Department of Health and Human Services, 1986). These services most often include transportation, day programs (including work activities and sheltered employment), counseling, and information and referral. However, the SSBG is a discretionary funding source for many categories of persons receiving income support and related assistance and, consequently, there often is strong competition for these funds.

Indirect Services

Title XIX Targeted Case Management

Case management services, including information and referral, counseling, and related assistance can be provided under the "targeted case management" authority of section 1915 as revised in 1986 and 1987 (PL 99-272 and PL 100-203). Groups of eligible persons can be targeted and/or specific types of services can be provided without the requirement for equity and statewideness. This authority is important because it offers the potential for community-based case managers to provide (or arrange) ongoing support services for eligible persons involved in supported employment programs.

Case management services are defined as services that assist the individual in gaining access to medical, social, educational and other services. By the end of 1987, eight states had received federal Health Care Financing Administration (HCFA) approval of Targeted Case Management Plans which were directed at, or included, persons with developmental disabilities. Targeted case management plans for persons with mental illness have been approved for a similar number of states.

Sections 1619a and 1619b

As noted earlier, support service needs are not necessarily directly related to employment support but may, in fact, relate more to living independently in the community. Under the extended SSI and Medicaid eligibility requirements of *Sections 1619a and 1619b* more persons are likely to be covered by these provision. For example, many person with disabilities could remain Medicaid-eligible indefinitely under the $14,000 annual earnings "threshold" provision.

Pass-Through or Deductible, Excludable Expenditures

This funding category pertains to expenses which are incurred *and paid for by the person eligible for SSI or SSDI.* In this situation, expenditures (and/or personal resources) are recognized by SSA as being important to the recipient in achieving self-support (i.e., substantial gainful activity). In effect, expenses are paid by SSA (at least partially) under the Work Incentives Program because they are refunded to the recipient by an off-set in the cash assistance check amount under SSI, or they are excluded in setting the income and resource level of a person as a part of determining if the individual is engaging in SGA under the SSDI program.

An explanation of the basic provisions of the SSI and SSDI programs may be helpful. As noted earlier, provisions are complex and require special understanding of the benefits and requirements of the respective programs, and how the funding resources can be channeled to ensure ongoing support. This discussion represents a condensed version of these complex programs. Further investigation of the intricate technical aspects of the programs described is strongly recommended, beginning with review of various publications of SSA pertaining to disability programs. (See References for this paper). However, some of the material presented here is not discussed in those publications, but is contained in the law and regulations and/or training manuals of SSA.

Two important disability programs, *Title II Disability Insurance (SSDI) and Title XVI Supplemental Security Income (SSI)*, were originally established to provide income support and medical assistance for persons who are disabled and unable to work. The Title II SSDI program was designed for workers who become disabled and cannot continue to work. It also covers spouses and dependents of workers with disabilities, including dependent children with disabilities who continue to have disabilities beyond age 18. This latter group, identified as "Childhood Disabled Beneficiaries" (CDB) represents a sizeable segment of persons seeking supported employment services as adults with severe disabilities.

The Title XVI SSI program was designed for the elderly, persons who are blind, and persons with other disabilities little or no income or resources. Candidates for the supported employment are most often found to be receiving SSI or SSDI/CDB, i.e., are poor and/or are Childhood Disability Beneficiaries of the SSDI program. In the CDB category recipients are likely to be persons for whom the onset of disability occurred prior to age 22, including persons with developmental disabilities. Eligibility for SSI also makes the recipient eligible for Title XIX Medicaid and, under specified conditions, a candidate for Home and Community Based Care Waiver services.

These two disability programs (SSDI and SSI) are being redirected through work incentives to encourage persons with disabilities to enter or re-enter the employment market. In providing work incentives, two key provisions are important to this discussion: (a) Impairment Related Work Expenses (IRWE), and (b) Plan to Achieve Self Support (PASS). Both provisions represent allowable adjustments or exclusions in calculating income support levels and in that sense offer a source of support for employment.

Impairment Related Work Expenses (IRWE)

This provision applies to both SSDI beneficiaries and SSI recipients. Specific provisions should be reviewed (for example, see Whitehead & McCaffrey, 1988). The IRWE exclusion or deduction is used in calculating the SSI cash assistance amount after an initial determination of eligibility has been made. It is used in the SSDI program to determine whether the individual is *engaging in substantial gainful activity (SGA)* in terms of initial eligibility and continuing eligibility. Persons who are blind have a specially directed comparable provision for work expenses which does not have to be disability-related.

Summary of the key IRWE provisions. The deduction of Impairment Related Work Expenses (IRWE) reduces the amount of countable earned income in the calculation of the monthly SSI check amount. In the SSDI program, the deduction of IRWE amounts can permit the beneficiary to qualify for SSDI checks by reducing the countable income in determination of whether the individual can engage in *Substantial Gainful Activity* (i.e., earn $300 per month). The basic difference lies in the calculation of a cash amount in SSI and the determination of eligibility (or non-eligibility) for the standard SSDI check in the SSDI program. The net effect of the IRWE is to increase the amount of the SSI check by about 50 percent of the expenditures made under IRWE (i.e., the recipient pays the entire amount but receives credit for one-half of the amount paid). The net effect in SSDI is that one-half of the IRWE expenditures are applied to keep the countable monthly earnings below the SGA level of $300. Under Title II regulations, a beneficiary can lose eligibility for case payments after the trial work period expires (i.e., 9 months earning at or above SGA). Both SSA provisions require that the expenses be *paid by the recipient/beneficiary and not reimbursed from other sources.*

IRWE deductions are allowable when three conditions are met. These conditions are:

1. The expenses are directly related to enabling an individual to work and incurred because of severe physical or mental impairments, and are expenses not incurred by persons without disabilities in similar circumstances.
2. The expense is paid in a month in which the individual is or was working.
3. The expense is reasonable.

Allowable expenditures under IRWE are found in an extensive listing by SSA. Most often, IRWEs are related to expenses incurred in adaptive equipment or specialized devices, and special transportation. This includes transportation for people who are unable to use public transportation because they cannot comprehend written instructions, as well as those with physical limitations.

An individual who is self-employed may list the impairment related expenses as a business expense for their income tax return, or, as an IRWE. An expense that is not deductible for income tax purposes may be deductible as an IRWE, but cannot be deducted for both purposes.

Persons with severe disabilities should evaluate this resource carefully, along with the provisions of the *Plan to Achieve Self Support (PASS)* explained in the next section. The SSA field representatives and claims officers offer valuable assistance in considering the IRWE and PASS provisions.

Plan to Achieve Self-Support (PASS)

Under this provision, available only to SSI recipients who have disabilities, the individual is permitted to set aside, disregard and/or accumulate income and/or resources for a specified period of time as part of a formal plan for eventual economic self-sufficiency. The overall purpose of the PASS provision is to enable the individual to:

1. maintain SSI eligibility;
2. lessen the reduction of benefits; or,
3. make an individual eligible for SSI.

If, for example, the only circumstance preventing the individuals from being eligible for SSI cash benefits is the presence of excess income (which could include SSDI payments as well as earnings above SGA), or accumulated resources (like a savings account), PASS might be appropriately used to establish or maintain the individual's eligibility.

PASS can be used for education, vocational training, starting a business, or other similar purposes. PASS also can be used for hiring a job coach as part of a supported employment program plan. A PASS can also be considered if an automobile must be purchased because it is a necessity in traveling to and from work. In the PASS program, the worker pays the cost and it is deducted in calculating the amount of the SSI check.

For income and resources to be subject to exclusion as necessary to fulfill a Plan for Achieving Self Support the following conditions must be met:

1. A formal written plan must be prepared.
2. The plan must contain (a) a specific occupational objective, (b) specific savings and/or planned disbursement goals toward an objective, and (c) the specific time period for achieving the objective.
3. The plan must provide for the identification and segregation of any money and/or other resources being accumulated and conserved toward the accomplishment of the occupational objective.
4. The plan must be current and the individual must be currently performing in accordance with the approved provisions of the plan.
5. The plan must be approved by the SSA.

In most cases the duration of the PASS is limited to 18 months. However, extensions of as many as 30 additional months can be granted when the plan includes extensive education or vocational training. The PASS expenditures are 100 percent deductible (i.e., applied after earned income deductions).

Because Supported Employment is a relatively new concept, it appears the SSA will issue special guidance for persons involved in such programs. The important consideration is whether such funding exclusions will result in removing the individual from dependence on SSA assistance.

Other Cash Self-Support, Pass-through Possibilities

Two additional provisions require special mention because of the likelihood of their importance increasing in the future. These provisions relate to Section 1619a and ICF/MR residents.

Extended cash assistance under Section 1619a. Under this provision of the Social Security Act, SSI recipients who go to work although their disability continues can have extended cash assistance until their combined countable income exceeds the "break-even point" (currently $740 per month). This allows the recipient to retain more of their earnings and, thereby, have income to pay for their own support, including transportation.

Residents of ICFs/MR. Persons with mental retardation and other developmental disabilities who reside in Medicaid-certified Intermediate Care Facilities (ICFs) are not eligible for the regular cash assistance available under SSI because the Title XIX funds pay for the cost of their care. However, a personal needs allowance of $25 per month (increased to $30/month in July 1988 by PL 100-203) is provided for those persons in such facilities. Recently, residents in ICFs/MR have been showing encouraging successes in the supported employment programs in several states (personal communication with MR-DD staff in Pennsylvania, Ohio, Michigan, and Maryland). The earning of wages creates a new conflict with ICF/MR regulations (42 CFR 435.733) which require residents to contribute all income in excess of a personal needs allowance (PNA) toward the cost of their care. States are required to allow a minimum of $25 per month for PNA but have discretion in allowing larger amounts (e.g., as an incentive for the worker and/or to permit savings for moving to a more independent living arrangement).

States should re-evaluate their PNA policies in those instances of a resident engaging in gainful employment, providing an incentive for such activity to continue. This is justified in the long-term because of the improved prospects for residents leaving the ICF/MR for a less-expensive living arrangement, thus reducing residential cost.

A second special situation in the ICF/MR needs attention, under the supported employment system a resident of the ICF/MR can be employed at "real wages, doing real work" in the community. Initially, ICF/MR residents were virtually rejected as candidates for employment, but under the new supported system, such persons may be able to enter and sustain employment. This seems to suggest re-evaluation of the use of ICF/MR funds for habilitation services which include supported employment. In recent meetings with HCFA officials this possibility was favorably received and may, in fact, become a recommended change in the regulations. This would follow the intent of Congress as expressed in the amendments to the Home and Community Care Waiver authority, in which supported employment services is included in allowable "habilitation" services.

Special Considerations for Students

Students with disabilities can qualify for SSI on their own when they achieve 18 years of age because income and resources of parents are no longer considered. However, some students are entering employment directly after leaving school, or prior to leaving school. In these cases, the SSA (disability) determination may be that they do not qualify for SSI because they are "gainfully employed". In SSI eligibility determination, earnings of $300 or more per month are always considered to be an indicator of Substantial Gainful Activity (SGA), but earnings of as little as $200 per month may be considered SGA if the level and character of work is similar to that of a worker without a disability. In scheduling students with severe disabilities for employment-related services who may require extended support, it is suggested that educators give special consideration of the SGA influence.

Summary and Conclusions

This paper has discussed a broad array of unused or under-used resources for meeting the long-term funding needs for persons with severe disabilities who want to enter the regular labor market but who require ongoing support in order to obtain and retain employment. Support systems are being developed nationwide with very positive response from the public and private sectors. The job market also offers unprecedented opportunities for employment, as noted by the OSERS Assistant Secretary Madeleine Will in a nationally-televised satellite teleconference (February 2, 1988), and Whitehead (in press).

The U.S. Congress and Administration have made clear their intent to encourage persons with disabilities to go to work and to provide necessary support for that endeavor. Accessing these funding sources will require extensive interagency cooperation and collaboration at the state and local level. In some instances, the funding access will be too complex, but in others it is readily available. The role of state agencies, especially Vocational Rehabilitation and MR-DD agencies, is very important. The ability to gain access will require special effort by the agencies and strong encouragement from advocates for persons with severe disabilities.

Special attention must be given to creating a comprehensive understanding of the benefits and requirements of the respective SSA programs. This paper has attempted to enhance the necessary knowledge.

The SSA programs have special relevance to persons with severe disabilities because the provision of extended support is crucial to their gaining and maintaining employment in the integrated labor market. These persons and their advocates are likely to perceive this opportunity for stabilizing funding as a very desirable provision because it reduces the threat that supported employment options will be discontinued or reduced without the prospect of extended support. *Service providers* also will view favorably the prospects of extended support because it provides a form of assurance that programs of supported employment will become a permanent activity. *Suggestions for improving services* are contained throughout the paper.

In summary, the State agencies need to take policy action to revise administrative procedures, and amend State Plans (VR and Medicaid). Staff, consumers, parents and advocates need to be provided with useful information regarding benefits and requirements of the various programs of SSA. *Implications for private industry* are positive in that the extended program would represent a form of employee assistance which would aid in keeping qualified workers who encounter problems or otherwise need support. Finally, the *impact on special populations* would be substantial because many members of this group of persons require special assistance in retaining and maintaining employment in the integrated employment environment.

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Supported Employment for Individuals with Disabilities Other Than Mental Retardation

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In 1984, federal officials announced an initiative that has had a profound impact on the employment of persons with severe disabilities (Will, 1984). This initiative, supported employment, set into policy the notion that for long-term success individuals with severe disabilities should have access to paid employment in integrated settings with ongoing support. This policy sought to change the outcomes (wages and integration) realized by the individiuals who received employment support as well as the outcomes that define the entire adult service system. Flynn and Nitsch (1980) suggest stages in policy development that provide a useful perspective on the status of this initiative as it concerns individuals with different disability levels.

Flynn and Nitsch (1980) identify two steps in policy development: *adoption-in-theory* and *adoption-in-practice*. Adoption-in-theory includes policy conceptualization, initial acceptance, and legislative or regulatory legitimation. Adoption-in-practice involves (re)allocation of resources, widespread implementation, and action taken to gain broad societal acceptance of the innovation (Larsen & Buckley, 1987).

In the case of supported employment, the policy was conceptualized as a result of four factors. First, research and development activities demonstrated that individuals with severe and profound disabilities could learn complex tasks and perform work tasks at acceptable rates and in the same settings as individuals without handicaps (Bellamy, Inman, & Yeates, 1978; Bellamy, Peterson, & Close, 1975; Crosson, 1969; Gold, 1972, 1973; Sowers, Rusch, Connis, & Cummings, 1980; Wehman, 1981). Second, dissatisfaction with limited options available to persons with disabilities became apparent especially in light of the advances made in isolated "model" programs. Third, advocacy efforts by persons with disabilities, families and professionals intensified throughout the 1970s and early 1980s. Fourth, key figures in advocacy, research and direct service reached consensus on a structure for the initiative (Bellamy, Rhodes, Mank, & Albin, 1988).

Legislative legitimation first occurred through passage of the Developmental Disabilities Assistance and Bill of Rights Act of 1984 [P.L. 98-527] which provided a definition of supported employment. Legislative refinements in this definition resulted from the Rehabilitation Act Amendments of 1986 [P.L. 99-506] and the Regulations for P.L. 99-506 (CFR Part 363). The Employment Opportunities for Disabled Americans Act of 1986 [P.L. 99-643] helped remove financial disincentives to supported employment implementation. The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987 [P.L. 100-146] further validated the legitimacy of the concept of supported employment by specifying its appropriateness for unserved or underserved populations.

Adoption-in-practice is evident in federal and state initiatives, in the effect the initiative has had on interagency collaboration, and in the renewal and reorganization of service provider practices and preparation. More importantly, adoption-in-practice is demonstrated by the growing custom of evaluating individual, program and state performance in terms of outcomes in integrated jobs rather that in terms of services provided. It must be recognized that, to date, this progress has involved services for individuals with mental retardation far more than it has for individuals with other disabilities. While reallocation of resources away from segregated services toward integrated services has begun, it must also be noted that the majority of adults with mental retardation continue to wait for access.

Similar systems change activities have occurred for persons with long-term mental illness. Stroul (1982) and Anthony and Blanch (1987) provide comprehensive descriptions of widespread state and local systems change activities in mental health systems. These activities led to the development of a network of community support programs (CSP) across America; but not to the widespread allocation of long-term funding that could be used for supported employment services for individuals with chronic mental illness. Accounts of the provision of long-term employment support to individuals with long-term mental illness tend to be based on funds received through time-limited grants and may not reflect stable systems change (e.g., Isbister and Donaldson, 1987).

In discussing supported employment in relation to individuals with disabilities other than mental retardation it is evident that all of the activities leading to policy implementation have not occurred, and that some questions regarding adoption-in-theory remain. Notable among these questions are those aimed at specifying the individuals and populations for whom supported employment is appropriate.

Regardless of type of disability, supported employment is appropriate for individuals who require ongoing support to maintain employment. However, it is the ongoing nature of the support component that both helps, and creates difficulties in identifying individuals with a variety of disabilities who will benefit from supported employment. Clearly, there are individuals from each of the following disability categories who require support to remain employed: long-term mental illness, traumatic brain injury, sensory and communication disorders, physical disabilities, learning disabilities and autism. Not all of the individuals with the disabilities listed will require supported employment as opposed to time-limited employment assistance. In addition, the individuals with severe non-developmental disabilities who need long-term support will often require different types of support than that typically provided to individuals with mental retardation.

This paper addresses four factors. First, it presents a brief glimpse of the degree to which individuals with "other" disabilities are currently participating in the supported employment initiative. Second, it discusses the manner in which a number of states receiving Office of Special Education and Rehabilitative Services (OSERS) state change grants describe their ability to provide services for individuals with disabilities other than mental retardation. Third, it reviews a structure for discussing systems change. Finally, it analyzes recommendations from a panel on Supported Employment of Special Populations made in May of 1988 during the President's Committee on Employment for Persons with Disabilities annual meeting in the context of the systems change structure.

Participation of Individuals with "Other" Disabilities in Supported Employment

Precise data on supported employment implementation at a national level are presently unavailable. Some states attempt to collect and aggregate data from different state agencies' information systems. Variety in definitions and data elements with different state agency information systems presents difficulties in providing consistent data that can be clearly interpreted.

The Supported Employment Information System (SEIS, 1986) provides information on a sample of the individuals receiving supported employment services across the nation. The SEIS is a voluntary cross-state system designed for measuring implementation within and across the states participating in the OSERS supported employment systems change initiative. Thirteen states provided information on approximately 5,500 persons in supported employment for the second quarter of 1987. Although this represents a sample, there is little reason to believe that it is not a representative sample. Of the individuals for whom SEIS data were reported, more than 80% were labeled as mentally retarded. Inclusion of persons with long-term mental illness was reported as 9% of the total number. Other disability labels were noted in the following order: learning disabilities, physical disabilities, hearing disorders or deafness, blindness or visual disorders, seizure activity, cerebral palsy, traumatic brain injury, and autism.

Accommodation of Individuals with "Other" Disabilities by State Change Grant Recipients

Another means, albeit indirect, of analyzing the development of supported employment for persons with "other" disabilities is to further review efforts to increase the participation of these individuals. The Employment Network project at the University of Oregon provides technical assistance (TA) to state supported employment projects. The TA delivered is based on requests that the states make after assessing their own needs. The nature of assistance requested provides information about the increase in activities for persons with "other" disabilities.

In early 1988, 13 of the 27 states reported that little if any training and technical assistance in the area of services for individuals with disabilities other than mental retardation was available. Further, project managers from these 13 states indicated that attention to this area was of high importance. In all, 14 states have made specific requests related to developing supported employment for individuals with "other" disabilities. These requests involved assistance in developing or expanding statewide capacity for providing TA and training, identifying critical components of service models for persons with disabilities other than mental retardation, and training for service providers. These TA requests can be compared to those The Employment Network received in 1986. At that time, only three states requested specific assistance related to developing supported employment for persons with "other" disabilities.

State and Systems Change Strategies

Systems change in supported employment might be defined as the extent to which policies, funding streams and implementation activities interact to support and promote the broad expansion of integrated jobs for persons with severe disabilities. The supported employment initiative depends on systematic planning and assistance by government agencies. Incomplete systems change results in isolated instances of quality achieved in specifically funded demonstration projects (Bellamy et al., 1988; Isbister & Donaldson, 1987; Noble, Conley, & Elder, 1986; Paine, Bellamy, & Wilcox, 1984).

Bellamy et al. (1988) suggest four accomplishments for achieving supported employment systems change. These four accomplishments are: create employment opportunities; develop local service providers; establish and maintain state systems; and build consensus and participation. Each area is reviewed briefly below according to application of each for individuals with disabilities other than developmental disabilities.

Create Employment Opportunities

A growing but limited number of individuals with "other" disabilities are engaged in supported employment. The literature available on employment support for these individuals emphasizes that persons with disabilities such as long-term mental illness, traumatic brain injury, physical disabilities, and sensory and communication disorders are more likely to require employment with high wages, benefits and interesting job duties. These concerns are also issues in job development for persons with mental retardation.

State change agents in many states help to develop employment opportunities by working with major businesses and industries to elicit corporate commitments that make job development easier at the local level. There is a growing conviction among corporate managers that civic duty and public involvement enhance a company's image and promote profitability in a highly competitive era. Corporations are emphasizing an attention to values and ethics in recruiting and hiring practices (The Business Roundtable, 1988). This practice can help establish local service providers as labor resources for business and industry. Removing barriers in public sector employment by recognizing strategic actions states can take to promote direct hiring practices can help create inroads and strengthen already established public sector employment (Rhodes & Drum, 1988).

Awareness of successful approaches in marketing and employer development is crucial if the number of individuals with disabilities other than mental retardation is to increase. State project staff must include these individuals in marketing efforts by conscientiously continuing to differentiate demands as appropriate to each target workers' needs (Collignon, Noble, & Toms Barker, 1987), balanced with the needs of employers. In addition, "program accountability" can provide potential employers with a "guarantee" for success (Isbister & Donaldson, 1987), and service providers can expand their programs through the provision of job development grants.

It is clear that the number of individuals with disabilities other than mental retardation will increase only if state project staff include these individuals in the marketing efforts. It seems equally clear, however, that the important issues in increasing employment for individuals with other disabilities have more to do with other accomplishment areas.

Develop Local Service Providers

A critical issue in program development is the shortage of personnel qualified to serve as supported employment staff. Cohen, Patton, and Melia (1986) have identified the need for two types of personnel: job coaches and managers. Within existing supported employment services there is a shortage of qualified personnel in these and other roles. The inclusion of individuals with other disabilities will require systematic efforts to attract, train and assist personnel to support these individuals. Strategies are needed to develop and improve both pre-service and inservice training programs.

Establish State Management

In most states the majority of those consumers involved in supported employment receive support as a result of cooperative agreements between the Division of Vocational Rehabilitation and the Developmental Disabilities/ Mental Retardation Administrations. The key to supported employment is the stability of long-term support. To date, long-term financial support, has been limited for persons with disabilities other than mental retardation. Approaches to remedy this include legislative appropriations of new dollars and redirection of existing state dollars. Until stable sources of long-term support are identified, examples of successful supported employment for persons with "other" disabilities are likely to remain limited and not provide evidence of thorough systems change.

Build Consensus and Participation

The range of individuals and agencies involved in creating responsible state management systems that include options for individuals with disabilities other than mental retardation will be influenced by four factors: information that creates awareness and interest among the general public; self-advocacy by consumers; concerted change efforts by parents and advocates; and expressions of dissatisfaction with the lack of access by increasing numbers of professionals. Forums for reaching consensus on the need for supported employment for other populations should continue within and across disability-specific professional and advocacy organizations. A particularly noteworthy example of the greater attention being invested in discussion and development of supported employment for persons with severe disabilities other than developmental disabilities is discussed in the next section.

Panel Recommendations on Supported Employment for "Special" Populations

On May 5, 1988 the President's Committee on Employment of People with Disabilities convened a panel. The purpose of this panel on Supported Employment for Special Populations was to provide information about the degree to which individuals with traumatic brain injury, sensory impairments, long-term mental illness and physical disabilities are participating in the national supported employment initiative. Another purpose was to enable the panel members to present issues and make recommendations for action.

The panel consisted of Karen Danley of the Psychiatric Rehabilitation Center at Boston University, M. V. Morton of the Virginia College of Medicine and Virginia Commonwealth University, and Daniel Abatemarco of the National Industries for the Blind. Michael Morris of United Cerebral Palsy provided input to the panel. Jay Buckley of The Employment Network at the University of Oregon chaired the panel. The recommendations that follow derive from the presentations made on May 5. These recommendations are presented in the context of the state change model discussed earlier.

Create Employment Opportunities

Two recommendations emerged related to creating access to jobs in local communities. These were:

1. Include persons with "other" disabilities in national and state efforts aimed at increasing employer involvement in supported employment job development.

   Corporate America is beginning to participate in the development and implementation of supported employment. The increase of private sector involvement stems from interest in good corporate citizenship, labor shortages in many industries and active recruitment at a state and national level (O'Neill, 1988). It is only logical to ask and allow business and industry to do what it does best: create employment opportunities (Bellamy et al., 1988). As state and national leaders forge partnerships with the private sector, it is critical that industry leaders become aware of the depth of this emerging labor force. The inclusion of persons with disabilities other than mental retardation will allow those acting to further the corporate initiative to respond to a wider range of business and industry labor needs. It will also increase the likelihood that these individuals will be given opportunities to succeed.

2. Build interest and systems for developing employer and co-worker support. Once opportunities become available, program developers and service providers need to use limited support resources as judiciously as

possible to insure success. An area that is attracting increasing attention is building "natural" support (Nisbet & Hagner, 1989; Shafer, 1986). Strategies for motivating and enabling employers and co-workers to assume some support activities for individuals with "other" disabilities must be developed and disseminated.

Develop Local Service Providers

Four recommendations related to local service providers were discussed by the panel. These were:

1. Develop and disseminate procedures/technologies for service options that meet the varying individualized needs of consumers with disabilities other than mental retardation.

The techniques and procedures that will lead to quality employment outcomes for individuals with long-term mental illness, traumatic brain injury, physical disabilities and sensory disorders are not necessarily the same as those utilized for persons with mental retardation. Resources should be allocated for further research on individualized support strategies and technological adaptations that meet the needs of persons with disabilities for whom supported employment is just beginning to be a service option. Dissemination in terms that are operational to service providers should be an integral component of these research efforts.

2. Promote forums that enable providers, advocates, personnel trainers and funders to identify those program components that require and those that do not require disability-specific procedures, technologies and training events.

Procedures and service options used for individuals with mental retardation may not meet the needs of individuals with "other" disabilities. It will be important for individuals responsible for developing and managing supported employment programs to analyze those organizational components for which there *are* similarities. Components such as sales and marketing, job analysis, and fiscal, personnel and organizational management may be similar enough to prove useful for cost-effective program development, monitoring and personnel preparation.

3. Provide training and technical assistance for the range of professionals involved.

Each disability population requires service providers, program developers, case managers and funders to demonstrate specific competencies. Supported employment, that is, the provision of support to individuals in integrated jobs, makes additional demands of these professionals. It can be expected that inservice training and technical assistance will be useful to those currently working in employment programs. Due to the critical shortage of personnel, pre-service training should also be developed in conjunction with ongoing training and technical assistance.

4. Inform potential providers of supported employment services of possible pitfalls, and procedural and organizational *mistakes* that have been made in the provision of supported employment services so that these providers do not repeat errors made in programs for individuals with developmental disabilities.

The media that describe supported employment tend to focus on the successes that individuals with disabilities and their support organizations have achieved. Programs beginning the process of initiating and/or transforming services also need to know of the problems that have been encountered, the mistakes and setbacks experienced, and the planning and organizational lessons that have been learned.

Establish and Maintain State Systems

Five specific recommendations that focus on state systems and policy were discussed by the panel.

1. Promote efforts to measure the impact and personal satisfaction experienced by individuals placed in varying types of supported employment jobs.

Employment is a vehicle for enhancing the quality of life. Sometimes success in employment is measured by counting the number of consecutive months of employment in a given job. However, it is also important that funders, case managers and service providers measure the personal satisfaction of individuals placed in supported employment. The results of such efforts can be aggregated across job types (titles), across industries, and used to further knowledge in program development. The information collected can also be used on a local and individual basis to increase the likelihood that employment enhances rather than diminishes an individual's esteem and social networks.

2. Allocate resources for family support.

   Families can play a critical role in employment. In some cases, parents, spouses, siblings and children help provide support. In other instances, these individuals may themselves require support (counseling) in order to adjust to a disability and its effect on employment. Resources are needed to develop family support. Further, the process leading to such allocations should include consumers, family members and professionals experienced in working with families.

3. Support and increase efforts to develop sources of long-term funding.

   In every state and territory in the nation funds are available for the intensive, time-limited phase of supported employment through vocational rehabilitation. However, one reason few individuals with disabilities such as traumatic brain injury, long-term mental illness, etc., have not been placed in supported employment is because funding for long-term support has not been arranged. A number of local, state and federal sources of long-term support will be needed if these indivdiuals are to gain access to supported employment.

4. Remove economic disincentives to work.

   Efforts have been made to reduce some of the financial disincentives to work (for example, SSI). Further action is needed to remove disincentives associated with SSDI, housing subsidies, health benefits and the difficulties that arise when job loss occurs.

5. Investigate the effect that insurance funding has on service costs and access.

   The insurance industry has a profound impact of the provision of support to some individuals with long-term mental illness, traumatic brain injuries and physical and sensory disabilities. Insurance settlements often determine (a) who will and will not have access to service, (b) the length of time and type of services that will be purchased, and (c) the fees that will be paid for services. Analysis is needed of the impact that the insurance industry has on the provision and cost of employment support to individuals with disabilities.

Build Consensus and Participation

In addition to the recommendations already described, three recommendations emerged related to building consensus and broadening participation.

1. Make contact and build relationships with programs already serving individuals with "other" disabilities.

   It should not be assumed that all programs currently providing service to individuals with "other" disabilities have been adequately apprised of the availability and benefits of supported employment. Because supported employment was developed by individuals working with persons with mental retardation, the national, state and local networks of communication within the field of mental retardation helped to facilitate awareness. Efforts to identify and use similar networks for these "other" disabilities should prove useful.

2. Work with provider organizations, advocates, consumers, vocational rehabilitation counselors and funders to identify those individuals who will require supported as opposed to transitional employment services.

   Who are the individuals within each disability group who will most benefit from supported employment? Who are the individuals who *require* ongoing support as opposed to time-limited support? A concerted cross-disciplinary effort is needed to answer these questions.

3. Involve consumers and advocates in the development and implementation of supported employment services.

> Regardless of an individual's given disability label, he or she should be the key participant in the development and implementation of the support service that will maintain employment. Persons with "other" disabilities may have work histories that precede their disabilities. Individuals may have strong opinions about the type of jobs and supports that might be arranged. Research, development and personnel preparation practices should include steps to involve the individual.

These recommendations can be viewed in light of specific change agents and change activities that might be applied to each. Possible sources of action include: (a) legislative or regulatory action, (b) government agency practice (not requiring regulatory reform), (c) service provider practice, (d) consumer/consumer-family advocacy, and (e) private sector involvement. In every instance the responsibility and opportunity for affecting the change recommended is shared by multiple sources.

Summary

The impact of the supported employment initiative can be measured in a number of ways: the number of individuals entering the work force; state and federal dollars appropriated; the progress achieved in reorganizing state agencies; involvement of professional training programs and service provider organizations; and the involvement of the private sector. While it appears that significant change is occurring, it is equally clear that individuals with disabilities such as long-term mental illness, traumatic brain injury, physical disabilities, sensory disorders and multiple disabilities have not yet participated in this change in a substantial way.

The effort to increase the participation of these individuals with "other" disabilities will involve strategies across four fronts: state management, provider development, consensus building and employer development. This paper presented recommendations for action that fall within each of these areas. The responsibilities for these recommendations rests with a wide range of individuals and organizations. Most of these individuals and organizations are currently involved in the supported employment initiative, others are not at this point in time. Proponents of supported employment must accept responsibility for the actions any one of us might take in removing legal, regulatory or professional practice barriers. We must realize that the removal of barriers will result in support for individuals in real jobs. That support may be the difference between success and failure, between integration and isolation.

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Supported Competitive Employment for Persons With Head Injury: A Post-Employment Treatment Model

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The incidence of head injury in the United States is staggering with annual estimates of new cases ranging from 400,000 (Cope & Hall, 1982) to 750,000 (Stonnigton, 1986). Medical technology has improved the likelihood of survival from serious accidents resulting in head injury to better than 97 percent (Anderson & McLaurin, 1980). But with more and more people surviving head trauma, there are serious implications for professionals and policy makers in the field of rehabilitation. The need for services to accommodate the growing numbers of persons surviving head injury is indicated by an incredible increase in the number of rehabilitation programs specifically serving this group of persons. Whereas only 14 programs serving traumatically brain injured (TBI) persons were identified in 1980 (National Head Injury Foundation, 1984), the number had climbed to 368 by 1984.

There is a great deal of attention being generated to meet the needs of this growing population. Still there is a serious gap in the number of persons who sustain severe and moderate head trauma and the number of those who return to work after their injury (Conboy, Barth, & Boll, 1986; Peck, Fulton, Cohen, Warren, & Antonello, 1984). High percentages of individuals with traumatic brain injury are not returning to work of any kind, while a small number of persons are being placed in sheltered workshops. Even fewer are returning to work, but almost all of these people are employed in lesser positions with lower earnings than jobs held before their injury (Peck et al., 1984). Many individuals who have sustained serious head injuries and who have been provided traditional rehabilitation services are still finding themselves unable to return to work. The frustration is evident for both consumers and purchasers of services, and society in general as it becomes apparent that many individuals are not being helped by traditional service models.

The supported employment model is increasingly gaining the attention of rehabilitation specialists because of its effectiveness in returning to work persons who experience traumatic brain injuries (Wehman et al., in press; Wachter, Fawber, & Scott, 1987). Dissatisfaction with the social and monetary aspects of more traditional employment programs, such as sheltered workshops, has also created interest in the model by family members and survivors. Although the model itself is appropriate, the strategies required to implement each component of the model differ from the strategies previously used to implement the model with persons with mental retardation.

The purpose of this paper is to examine the rationale for adding supported employment as a service option to the list of options currently available in the rehabilitation of persons experiencing TBI. The implementation of the general supported employment model is described in the context of a post-employment treatment approach along with guidelines and strategies specific to individuals recovering from TBI. Illustrations of the success of the implementation of the supported employment process for this population is provided through a case study and some early outcome data from a three year demonstration project.

Vocational Outcomes Following Head Injury: A Challenge for Rehabilitation

Preliminary vocational outcome reports for persons with TBI are not encouraging. While there is a great deal of variance in the literature due to varying levels of disability severity studied, the lack of a consistent definition of employment, inadequate and inconsistent verification of work status, and the lack of reliable follow-up over time (Ben-Yishay, Silver, Plasetsky, & Rattok, 1987), the results form a consistent picture. Few individuals return to community employment and even fewer return to pre-injury employment levels.

Brooks, McKinlay, Symington, Beattie, and Campsie (1987) found that out of a sample of 134 TBI patients (of which 86 percent were employed prior to their injury) only 29 percent were employed post-injury. Of the 52 percent who worked full-time prior to their injury, only 18 percent worked full-time after the injury. "Even five years after injury, a substantial proportion (70% of patients) was still unemployed" (Brookes et al., 1987, p. 8).

In another study investigating vocational outcomes for 60 persons with severe head injury, only 13 percent had returned to pre-injury employment levels (Peck et al., 1984). In this study, patients were 3.5 years post-injury, all were admitted to hospital care in a comatose state, and the majority were of working age (82%). Of the remaining 52 persons, 35 percent were employed in positions which were less demanding or in sheltered workshop situations, 52 percent were unemployed.

Prigatano (1987) examined the efficacy of cognitive rehabilitation in relation to return to work. Data indicated that out of 95 individuals who were between 2 and 4 years post injury, 36 percent returned to full-time work with another 5.3 percent working part-time.

Recommendations for vocational outcome upon discharge from the rehabilitaton program were examined by Stapleton (1986). Out of 40 individuals being discharged from a rehabilitation center, 35 percent were recommended for sheltered workshop services, 10 percent for formal job training, 17.5 percent for work adjustment, 30 percent for pre-vocational services, and finally, 7.5 percent were found to have "no reasonable expectation for employment".

The psychosocial problem of unemployment has been documented as being a long-term problem for persons with head injuries (Jellinek, Torkelson, & Harvey, 1982; Dresser et al., 1973; Brooks et al., 1987). Personality changes also present psychosocial disabilities that especially concern families (Lezak, 1987; Jacobs, 1988). The supported employment (SE) model can assist with these issues in two fundamental ways. First, the model is designed specifically for individuals who need on-going support to gain and maintain employment (Bellamy, Rhodes, Mank, & Albin, 1988; Wehman, 1981). Since many individuals with traumatic brain injuries gain employment but have difficulty retaining employment, the on-going follow-along component of the SE model is especially relevant. Second, the model offers direct on-site job training and intervention. This direct intervention allows for problems such as irritability or inappropriate social behavior to be dealt with as they occur in a particular setting. This type of intervention is receiving attention in the head injury literature because of its effectiveness in fostering generalization (Prigatano, 1987; Moffat, 1984).

What is unclear from the studies reporting employment outcomes is at what point in the recovery process are the individuals when they enter rehabilitation programs, and what is the expected duration of service provision from the point of being determined medically stable and the return to work "readiness". What is happening in many cases is that individuals are perpetually held in pre-employment readiness programs or community re-entry programs based on unrealistic criteria of performance. The standards of performance set in some cases by norm referenced evaluation instruments, are unattainable over the long term for many individuals who are recovering from serious head trauma. The two erroneous assumptions are that (1) if the individual is provided "quality" rehabilitation services in a setting removed from the real environment (i.e., a readiness or preparatory setting) s/he will get better and be able to function independently in community environments, and (2) that the performance criteria on the evaluation instruments accurately reflect the requirements and/or acceptance level of integrated community settings. With regard to the first assumption, the SE approach to achieving integrated and paid employment illustrates a reverse in the service delivery order (i.e., from train and then place to place and then train). In relation to the second assumption, SE approaches the requirements and acceptance level of community settings (a) on an individual basis, and (b) without preconceived notions about what a particular community environment is willing to accept regarding performance and behavior.

Basic Components of the Supported Employment Approach

In a supported employment approach, individuals who are determined medically stable are returned to work by providing most of the "treatment-like services" at the job site and according to the particular needs of the individual. A trained professional called a supported employment specialist (SE specialist) or "job coach" assumes an active role as therapist, counselor, teacher/trainer, services' coordinator, and advocate. If services are required outside the skill level of the employment specialist, s/he seeks the assistance from an expert to provide the needed services. The following sections describe the components involved in implementing a supported employment approach utilizing an employment specialist to provide treatment in community settings (e.g., on the job site) where the individual needs to function. The components include: consumer assessment in conjunction with job development, job placement, job site training/enabling, and follow-along services.

Consumer Assessment in Conjunction with Job Development

The combined components of consumer assessment and job development are the only parts of the supported employment approach which take place prior to job placement. During these simultaneous phases, the SE specialist gathers information about the individual referred for SE services and continues the on-going process of contacting employers in the community to identify employment opportunities. Careful analysis of an individual's strengths, skills, and interests are considered in conjunction with the specific job requirements as identified through job analysis and as validated by the particular employer. It is not expected that the individual will be able to perform to the employer's standards on the first day of employment. Rather, during the process of assessing the gap between the current ability of the individual and the ultimate requirements of the work situation, the SE specialist determines (a) if the gap can be closed by job-site intervention, and (b) what intervention strategies will be necessary to close that gap.

While consumer assessment is an individual process, job development is typically not initiated with one individual in mind. The SE specialist follows up on employment opportunities, completing job analyses for open positions, and then compares the information with two to as many as ten individuals who seem to be likely candidates for the job opening. The SE specialist is trained not to take the individual in the pool of individuals who may be considered the "easiest" placement, but rather the individual who needs the type of one-to-one job-site intervention that is designed to be provided in the supported employment approach. Job-site intervention is discussed in the section on Job-Site Enabling. The ultimate success of the employment situation and retention, will depend upon the careful analysis of the compatibility between the individual and the particular job requirements (Kreutzer & Morton, 1988; Wood, 1988).

Strategies and guidelines for individuals with TBI. The individual's work history and work interests can be used effectively to develop employment. It is helpful if, from the start, the SE specialist enables the TBI survivor to actively participate in job development to whatever extent possible. Survivors can actively participate by sharing their work requirements regarding desired pay, hours, and working conditions. Additionally, it will be necessary for SE specialists to expand the scope of the job development as individuals with head injuries will have had a much more varied work history than might be typical of other persons served by SE services.

The development of rapport between the SE specialist and the employment candidate is a primary factor in effectively implementing the SE model. If rapport is developed in the initial stages of service delivery, it will improve the ability of the SE specialist and the individual to work together when dealing with employment problems. Failure to develop rapport may result in persistent resentment or power struggles within this all too critical partnership. This rapport results in what could be called a therapeutic alliance between the SE specialist and the person with a head injury. The trust that comes from this therapeutic alliance allows the individual with TBI to try specific tasks even when the immediate benefits are unclear.

Individualized assessment may be best accomplished by synthesizing information from a variety of sources including the individuals themselves, family members, neuropsychologists, neuropsychological assessments, and especially a functional assessment of the individual's skill. The neuropsychological assessment can be used to identify specific cognitive deficits—not to limit employment options but rather to specify areas that may require compensatory strategies. Family members can be particularly helpful since they know how the individual performs in functional settings. For instance, family members may have developed compensatory strategies for memory problems or found effective techniques for dealing with behavioral concerns. Finally, it is important to recognize physical limitations and medical aspects that might interfere with successful job placement and retention. Physical adaptations and modifications to the work environment may be developed which enhance the individual's independence. For some individuals it may be important to have a thorough medical history, including history of substance abuse and treatment for psychiatric disorders.

Job Placement

At the point that an individual is determined to be a good candidate for a particular employment opportunity, the SE specialist arranges the placement. This includes helping the individual complete job application forms, and participate in the job interview; and facilitating communication between the individual and his or her family members, the employer, and the agency representative who is involved in funding the SE services (e.g., a rehabilitation counselor, insurance agent). The conditions of employment such as wages, hours per week, work schedule, and so forth are clarified for all concerned so that there is less chance of confusion and errors in the initial employment period. The SE specialist also helps make transportation arrangements and provides transportation training to the new employee if desired and necessary.

Strategies and guidelines for individuals with TBI. For individuals with TBI, the component of job placement should include the broader concept of environmental placement. For many highly distractible people, the seemingly "perfect" job in a stressful or chaotic environment may result in job failure. Having potential job candidates observe a potential employment site allows them to observe the job first hand and evaluate if they like the job or if they feel comfortable trying the job. The SE specialist and the employment candidate can decide together if the work is acceptable after being given skill training and/or physical adaptations, or if it is more beneficial to consider a different employment opportunity. The social aspects of dealing with co-workers, the particular employment supervisor, and the amount of socialization required in an employment setting are also key factors in making a successful placement with long-term retention.

Job Site Training/Enabling

Following the clarification of placement arrangements, the primary activity of the supported employment approach begins with the job-site training (enabling) component. Starting the first day of employment, the SE specialist accompanies the new worker to the job site, learns the job along side the individual and provides one-to-one training to the degree of intensity needed for the individual. The degree of training intensity expands and contracts based on the individual's progress in assuming the work responsibilities.

Training strategies include the use of behavioral and systematic instructional techniques with heavy reliance on task analytic procedures, production training strategies, and data collection procedures as on-going processes. There are numerous references available which provide more detail on the technology of job-site training within a supported employment approach (Wehman & Moon, 1988).

Strategies and guidelines for individuals with TBI. For individuals recovering from TBI, persons with physical disabilities, or long-term mental illness there are going to be other major activities in addition to training during the job-site enabling component (Wood, 1988). For individuals with physical impairments in addition to cognitive deficits, there will be a need to make adaptations or modifications to the work setting and/or equipment to enhance the individual's ability to perform the work activities. In some cases the SE specialist may have the expertise to make the needed adaptations. In other instances, he or she will need to act in the role of services coordinator to access other resources to provide the service. An example of this would be to arrange for an occupational therapist to visit the employment setting to confer on the physical positioning of the worker so that fatigue is avoided and maximum efficiency of movement can be achieved. Rehabilitation technologists or engineers are also resources that may need to be accessed to help the individual achieve the ultimate requirements of the job. Another example of service coordination would be accessing psychological counseling services to help the individual work on personal or interpersonal issues that may be interfering with the individual's ability to work independently. Generally speaking, the SE specialist should provide direct or access indirect support services as needed to help the individual succeed in the employment situation.

Finally, with regard to the job-site enabling component, the SE specialist plays a major role as advocate for the new worker with employer, co-workers, and family members. The SE specialist will need to negotiate on behalf of the individual worker on any number of issues that may come up as a result of the new work situation. For example, the family may need to help take some of the responsibility in the early stages of employment by helping the individual know how to dress appropriately for work, keeping to the scheduled times of departure from home, and being aware of return times. The SE specialist may need to advocate for the individual at the work site with co-workers who may be able to assume one or two aspects of the job with which the individual has particular difficulty. The SE specialist can negotiate those aspects out of the list of job duties in exchange for some other activities that the worker can do. Advocacy is of major importance in the successful implementation of SE services and is an on-going activity throughout the time an individual is employed. Equal importance is given to advocating for the employer as there is a strong commitment to deal fairly with the business community in the delivery of supported employment services.

When initiating SE services for individuals with TBI, it is important that the SE specialist is well versed in learning, physical and behavioral characteristics resulting from traumatic brain injury and the techniques for dealing effectively with these characteristics. SE specialists can more efficiently provide job-site support and intervention if they have a variety of strategies to choose from regarding behavioral issues and cognitive deficits. Once the SE specialist understands the various aspects of traumatic brain injury and strategies for behavioral change, the job-site enabling interventions can be individualized to meet the particular needs of the individual. A team approach using the individual, his or her family member(s), employer, co-worker(s), neuropsychologist, and support personnel is effective for problem solving.

Job-site training and enabling intervention needs to be flexible, according to the level of independence demonstrated by the employee. At times, this level of independence may fluctuate due to disrupted sleep patterns, anxiety, certain medical changes or cognitive deficits. Specific cognitive deficits can include problems with storage, retrieval, and processing of information. Feedback from the SE specialist to the employee regarding job concerns should be specific. Written instructions, daily journals, directive feedback, and role playing are strategies that can be individualized and used on job sites when appropriate.

As the employee learns the work activities and begins to demonstrate competence in independently performing job duties, the SE specialist begins to gradually and systematically fade from the employment setting. Again, the service is designed so that the job-site intervention can increase or decrease based on the needs of the individual worker. When the intervention requirements of the individual have stabilized at a low level (e.g., less than 10 to 20 percent of the required work hours per week for a period of 30 to 60 days) the SE specialists will initiate an ongoing schedule of follow-along support.

Follow-Along Services

Follow-along services within a supported employment approach means that the SE specialist maintains a regular contact schedule with the targeted worker, his or her employer, and family members throughout the duration of the employment situation. According to federal regulations related to the provision of SE services (Federal Register, 1987), follow-along services must include at least two job-site contacts per month by an SE specialist. More contacts are scheduled as needed by the individual, including off-job site contacts with family members or the individual worker, or other persons who are involved with providing employment-related support services to the individual.

An example of when follow-along intervention levels may need to increase is if a major piece of work equipment changes at the job site and re-training the individual on the new equipment is necessary. Other examples might be the occurrence of social interaction problems between the worker and employer or another employee, or a change in transportation availability.

Strategies and guidelines for individuals with TBI. Follow-along needs to be as proactive as possible. By the time the employee independently performs the job, the SE specialist should be sensitized to the job stressors for that particular individual. Flexibility is critical for success as a variety of job and environmental factors can effect job performance. Regular communication with the employee in a nonwork setting can be an effective strategy for proactive troubleshooting. Compensatory strategies or physical adaptations may need to be modified or discontinued according to the employee's level of independence. When appropriate, employers, co-workers, and family members can provide the SE specialist with information regarding a variety of work aspects. The SE specialist and employee may also desire that the SE specialist periodically visit the work site.

Case Study Report of an Individual Placed through SE Services

Employee characteristics. Sarah is a 27-year-old woman who, at age 22, was a pedestrian who was hit by an automobile. She suffered a Grade III head injury with secondary quadriparesis. Additional deficits include hearing loss, mild disarthria, and memory loss.

Prior to her injury and while still in high school, Sarah had been employed part-time as a cashier at a drug store and as a nurse's aide in a nursing home. Before graduating, she took a job as a part-time receptionist for a national insurance firm and continued in that position for one year after graduation. During this time, Sarah began taking classes at a local community college. She eventually dropped the college courses and increased work to full-time for 4 1/2 years until her accident. She was earning $405 bi-weekly at the time of her accident. Following the accident, Sarah did some volunteer work once a week at the rehabilitation hospital where she had completed part of her own recovery.

Based on the information gathered during the consumer assessment phase, Sarah stated that she would be interested in a position involving clerical tasks. After looking at neuropsychological evaluation information designed especially for supported employment purposes, the SE specialist determined that Sarah would be appropriate for clerical tasks such as filing, some computer data entry, and file updating work. A position was available at a local university doing data management and Sarah was hired at 20 hours per week at $4.72 per hour.

Problems presented and nature of intervention. Sarah's job duties consisted of entering data on individuals being served and monitored in a major research program. Other duties included copying forms, filing, assembling files, and delivering and retrieving inter-departmental mail between her office and one other building. Memory problems impeded Sarah's ability to acquire the job skills. Strategies to assist Sarah included: (a) repeated practice of the work duties in an organized and routine fashion, and (b) provision of written cues to eliminate errors caused by memory deficits. A written list of steps of the computer task and instructions regarding exceptions to her daily routine (e.g., "If no filing to be completed, do file folder assembling") was provided as prompts to prioritize her daily work activities.

Sarah was repeatedly found to be selectively omitting certain work tasks. The SE specialist counseled Sarah on the importance of completing the work as assigned by her supervisor and began transfer of supervision to the actual supervisor of Sarah's department. The written prompts prioritizing work duties and repeated meetings with work supervisors corrected this problem.

Sarah's visual-perceptual deficits created difficulties for her in copying numbers from forms in the correct order. Sarah began using a straight-edged pad to mark the correct column of numbers she was entering. She did this by placing the pad to the right of the column of numbers currently being entered. Sarah's work rate was not fast but steady. The particular data entry activity was selected because the primary need was for steady work pace with a high degree of accuracy. After extended practice with the SE specialist providing training, Sarah was able to perform this duty to the needs specified by the department head.

Staff intervention and employment outcomes. Sarah has required 141 hours of staff intervention time to help her adjust to her job as a data entry clerk. She required most of the on-site intervention hours during the early stages of employment. Sarah works in a highly supportive university environment with co-workers who often provide assistance on an as-needed-basis. This fact, along with the fact that Sarah's family was very supportive in terms of residential and transportation assistance, greatly reduced the need for staff hours. Sarah has increased her work hours from 25 to 30 hours per week and has received a consistently good evaluation from her supervisor. She started earning $4.72 per hour in this position. Sarah now earns $5.16 per hour and has worked over 15 consecutive months. This is the first time she has earned wages since her accident. The number of frustration-aggression outbursts she exhibited earlier at work have dropped to zero and she has developed co-worker friendships.

Demonstration Project Outcomes: A Preliminary Report

The Rehabilitation Research and Training Center (RRTC) of Virginia Commonwealth University (VCU) is funded for a three year project to demonstrate the utilization of the individual placement model of supported employment with individuals recovering from serious head trauma. The individuals targeted for inclusion in this funded project are persons for whom there are strong indications that they cannot return to work without ongoing employment support. Criteria listed for project inclusion are: (a) recorded post-injury employment failures; (b) reports from family, physician, neuropsychologist, or rehabilitation counselor indicating doubt about independent work capacity; (c) level of injury being severe according to Glascow coma scale scores; and (d) evidence that the individual is not involved with active use of alcohol or unprescribed chemical substances. All of the individuals accepted for services in this project exhibited some degree of cognitive, physical, and/or psychosocial impairment.

Supported employment by federal definition and for this study is defined as ". . . paid work in a variety of settings, particularly regular work sites, especially designed for handicapped individuals: (i) for whom competitive employment has not traditionally occurred; and (ii) who, because of their disability, need intensive ongoing support to perform in a work setting" (Federal Register, May 27, 1987). All of the individuals placed through SE services by the RRTC project are directly employed by the employer and earn at least the minimum wage ($3.35/hour).

Project Participants

Table 1 (from Wehman et al., in press) provides demographic data on 32 individuals who were referred to the RRTC for SE services. As can be seen in Table 1, the mean age of the referrals was 29 years. Time in coma averaged 76 days with a range from 3 to 233 days. Approximately one third of the referrals had not finished high school while another one third were high school graduates. Twenty-four percent had completed some college coursework and 10 percent were college graduates.

Table 1
Demographic Profile of Referral Pool (N = 32)

Percent Male/Female	Age at Injury	Age at Referral	Days in Coma	Percent Currently Receiving One or More Forms of Financial Aid	Education Level Attained	
90.6%/9.4%	x̄ = 24.1	x̄ = 29.1	x̄ = 76.3	92.1%	Less than High School	33%
	S.D. = 9.7	S.D. = 8.7	S.D. = 61.3		High School Graduate	33%
	Range = 8-55	Range = 17-58	Range = 3-233		Some College	24%
					College Graduate	10%

Table 2 (from Wehman et al., in press) provides data related to the employment profiles of 27 of these individuals. This information was obtained through lengthy interviews with the individuals themselves and their family members to best reconstruct the person's work history. Out of 32 referrals to the project, it was possible to gather reliable histories on 27 individuals. Difficulty arose in some cases because of the length of time which had passed since the injury and the lack of record keeping by the individuals or their families. Table 2 indicates that pre-injury wages were reduced from a mean of $5.17 per hour to $3.93 post-injury. According to the data, at least one individual in the referral pool had tried 17 jobs post-injury. Most of the individuals in the pool had not held any jobs since their injury. A monthly employment ratio was computed by dividing the total months employed by total months since hospital discharge. A 1.00 would be a perfect score yet it would not necessarily reflect work stability since this would not be an indication of consecutive months in one job. The percentage of total possible months employed was computed from the point at which the person had held the first paid job part-time to the point of supported employment placement. Some individuals showed a high number of months employed post-injury but also showed a very high frequency of job losses.

Table 2
Occupational Status of Referral Pool
Pre-injury and Post-injury to Referral (n = 27)[1]

Hourly Wages			Monthly Employment Ratio[2]			Number of Jobs Held		
	Pre-injury	Post-injury		Pre-injury	Post-injury		Pre-injury	Post-injury
x̄ =	$5.17	$3.93	x̄ =	73.61%	15.11%	x̄ =	2.13	1.63
S.D. =	$2.96	$2.90	S.D. =	31 %	25.34%	S.D. =	1.67	3.93
Range =	$2.78-	$ .58-	Range =	4%-100%	0%-99%	Range =	0-6	0-17
	$13.31	$10.91	Mode =	100 %	0%	Mode =	3.35	0

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[1] The occupational case histories of five persons could not be reconstructed with any degree of reliability.

[2] $\frac{\text{Actual Months Employed}}{\text{Months of Possible Employment}}$ = Percentage of Monthly Employment

SE Service Provision Staff

Four full-time SE specialists were employed for the purpose of implementing services as described in the earlier section of this paper. Each individual SE specialist implemented all components of the SE model (i.e., consumer assessment, job development, job placement, job-site training/enabling, and follow-along services). SE specialists had training levels from associate level college experience (2 years) to Master's level training. College training was in areas related to rehabilitation, psychology, education, or counseling. Only one of the SE specialists had prior experience with supported employment. Salary levels for SE specialists began at just over $19,000 per year with full benefits. At the beginning of the project, all specialists were provided with twelve days of intensive training on characteristics of individuals with TBI and the SE approach to employment.

Results

A total of 15 people have been placed into supported employment. According to the data at the time of this writing, 31.5% of the individuals are working in stock clerk positions and another 31.5% are in clerical positions. A smaller percentage, 19% are in human service type jobs. The range of pay is from $3.35 per hour to a high of $5.16 per hour with the mean being $4.43 hourly. Mean hours worked per week is approximately 31 hours.

The mean scores of the referral group are comparable to the mean scores of the placed cases. For example, the mean days in coma for those persons placed was 75, with other similarities in chronological age and related demographics. There is congruence between the placed persons and the group as a whole with regard to occupational profiles and mean levels of pay pre-injury, total group $5.17 per hour compared to $4.76 per hour pre-injury for the placement group. Of the 15 persons who comprise the placement total, 11 are still working, for a current retention rate of 73.4%. To date, the mean length of consecutive months of employment for the persons employed is over nine months. Reasons for separation from employment included psychiatric problems, slowness, and antisocial behavioral outbursts at the job site which the SE specialists were unable to remediate successfully.

Discussion

A major focus of the supported employment model is ensuring job retention. Supported employment offers new work opportunities for persons who, because of their head injuries, would be impeded from gaining or maintaining competitive employment. Implementing the supported employment model with individuals recovering from traumatic head injury offers new challenges for SE professionals. The effective use of the model requires the supported employment specialist to develop new skills and work as a team member with the employee with TBI, family members, and other professionals with knowledge of the long-term effects of head trauma. The success of the models is dependent upon accomplished professionals with unique knowledge in both TBI and supported employment. It is the responsibility of service providers to understand the dynamics of the individuals being served as well as the community employment sector.

This paper had presented an overview of the individual placement model of supported employment with specific strategies and guidelines for utilization with individuals who have become disabled as a result of serious traumatic brain injury. In addition, a case was made for why it is reasonable to include SE among the options of services available for these individuals by presenting a discussion of vocational outcomes given traditional rehabilitation practices (i.e., pre-employment treatment and readiness training, versus the supported employment approach, place and then treat, train, and provide on-going support). An individual case study example, as well as preliminary project outcome data illustrating better than 73% retention rate for 27 out of 32 (84%) individuals referred for SE services compared to the range of 29 to 41 percent employment rates reported following traditional rehabilitation practices. These figures suggest that the SE approach is an encouraging service option for individuals with TBI.

There still is a need for more consistent reporting among researchers in the area of vocational outcomes for this group of persons, as it is very difficult to compare program and service efficacy with inconsistent sources of data, definitions of employment, and level of severity. However, one fact remains relatively constant throughout the literature on the effects of severe head trauma and that is that those effects are long term. For many individuals recovery will never be total. This means that many individuals will always require support to maximally function at work, home, and in general community living.

A major implication for future research is the need to examine the policy issues related to funding and service support required for individuals to remain involved in community life. The most immediate problem related to supported employment is the lack of a funding source for long-term follow-along services. By federal definition and regulations, public vocational rehabilitation monies (which are time-limited) can only be authorized for SE services if there is a commitment by another funding source for the follow-along services. In most states individuals with mental retardation or mental illness with similar combinations of functional skill limitations have a publically financed ongoing service support agency (e.g., mental health and mental retardation, developmental disabilities agencies). In many states persons with TBI are categorically excluded from long-term service eligibility by the mental health, mental retardation, and/or developmental agencies, thereby making them ineligible for the SE services offered by VR agencies. This discrepancy of service provision and funding availability based solely on diagnostic label rather than functional need requires examination.

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A Descriptive Analysis of Reasons Why Supported Employees Separate from their Jobs

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Over the past 10 years it has been demonstrated that providing support in varying intensities over time results in long-term, community employment for persons with handicaps. In fact, these findings provided the data base that contributed most significantly to the inclusion of supported employment in the Rehabilitation Act Amendments of 1986. A review of the published findings of work performance research suggests that the majority of this data base was contributed by investigators who served a broad range of persons with disabilities. The research results indicated that employment retention statistics for persons with moderate and in some instances severe mental retardation exceeded statistics reported by the U. S. Department of Labor for persons with lesser disabilities (DOL, 1977).

Today, legislative intent reflects the unique contribution made by community employment training and maintenance methods developed and tested over the past 10 years. The provision of on-the-job training that results in good adjustment to jobs by individuals who have not traditionally been employed in the community or for whom community employment has been interrupted or intermittent is an important and timely addition to the Rehabilitation Act. Despite these advances there are concerns that have been expressed by several different consumer groups. It is the purpose of this manuscript to address one of these concerns.

Current rules and regulations for the State Supported Employment Services Program stipulate that ongoing support must be provided to employees for the duration of their employment period (Federal Register, August 14, 1987). The intent of supported employment is to provide assistance to individuals with severe disabilities who are not able to function in competitive employment without ongoing support. These persons require extensive ongoing support to participate in integrated community services and to enjoy a quality of life that may be realized by people with few or no disabilities. Historically, legislative intent has not paralleled implementation, and the history of supported employment may prove to be no different. Supported employment has been conceptualized and implemented by state Vocational Rehabilitation agencies *to varying degrees* and to a wide range of persons with and without severe disabilities. This results in two possibilities. The first is that support is provided to persons who do not need it; the second is that support is *not* provided to target employees who need "ongoing support" in order to remain employed.

Supported employment rules and regulations pose problems to the field because, as a profession, we are not technically capable of predetermining likely support needs. It is known that individuals adapt to their work environments. As they become more skilled, they should in turn require less support. Of interest, however, is research that suggests that ongoing support does not decrease or increase over time (Johnson & Rusch, 1988). It seems that systematic withdrawal of support does not occur regardless of whether serving persons with severe mental retardation or mild mental retardation, placed individually or placed in groups.

It is also known that integration, which is mandated by the Rehabilitation Act, results in new opportunities for interaction of persons with and without disabilities. For example, nonhandicapped co-workers are assuming non-described roles, including associating with target employees during breaks, training target employees to perform new tasks, and providing feedback to target employees about their work performance (Rusch, Hughes, & Johnson, 1988).

This paper presents the results of a three-year effort to implement supported employment in the State of Illinois. Included are the demographics of supported employees and most recent findings about why employees with disabilities are separating from their jobs, even though ongoing support is intended to result in the continued employment of these target employees. Conclusions about the extent to which support is an issue are based upon the termination or separation records of previously supported employees.

The Illinois Supported Employment Program

The Illinois Supported Employment Program formally began in 1985 with funding from the Illinois Department of Rehabilitation Services, the Governor's Planning Council on Developmental Disabilities, and the Illinois Department of Mental Health and Developmental Disabilities. In 1985, 31 model programs were funded; in 1988, an additional 22 programs were funded. These programs serve a wide range of individuals with disabilities. At the University of Illinois, we have access to the data that are being collected by these model programs, each of which have been required over the past three years to submit monthly reports of the results of their activities.

At the present time, 43% of the individuals who are served in Illinois have been diagnosed as having borderline or mild mental retardation, 31% have moderate, severe, or profound mental retardation, and 26% are persons with learning disabilities, chronic mental illness, traumatic brain injury, or cerebral palsy. There are 235 males and 160 females, with an average age of 33; including 331 White, 44 Black; 15 Hispanic and 5 Asian employees.

Examination of placement approaches, individual and group, by disability category reveals a pattern that suggests placement approach varies by disability category. (Group placements include clustered and dispersed enclaves as well as mobile work crews.) There is a fairly equal representation of persons with borderline and mild mental retardation in the individual as well as each of the three group placement approaches. In contrast, employees with moderate, severe, or profound mental retardation constitute approximately 16% of the individual placements, 51% of dispersed enclaves, 39% of clustered enclaves, and 18% of the mobile work crews.

Data regarding previous placements among target employees currently employed in the community reveal that 36% of all individuals were referred from extended sheltered employment (i.e., sheltered workshop program), 26% were referred from work activity programs, followed by work adjustment training programs (16%), the community (11%), schools (9%), and evaluation programs (3%). Of 395 supported employees, the largest number of persons (269) are employed as janitors or maintenance workers. The remaining persons are employed in food service, clerical, housekeeping, assembly, materials handling, machine operation, and packing positions.

Table 1 reflects the hours worked per month and the hourly wages for each category of disability. Individuals with borderline or mild mental retardation earn approximately $3.22 an hour and work approximately 90 hours a month. Person with moderate, severe, or profound mental retardation earn approximately $2.51 an hour and work about 75 hours per month. Persons with other disabilities (i.e., learning disabilities, chronic mental illness, physical disabilities) earn an average of $3.12 an hour and work an average of 90 hours per month.

Table 1
Hours Worked Per Month and Hourly Wages by Disability Category

Disability Category	Hours Worked	Hourly Wage
Borderline and Mild	90	$3.12
Moderate, Severe & Profound	75	2.51
Other Disabilities	90	3.22

Gross monthly income varied across each of the disability groups enrolled in each of the placement approaches. Individuals with borderline or mild mental retardation who are individually placed earn about $370. Persons with moderate, severe, or profound mental retardation earn approximately $170 per month in individual placements, $150 per month in clustered enclaves, and a little over $300 in dispersed enclaves. However, employees with moderate, severe or profound mental retardation earn only about $100 per month in mobile work crews. Persons in the Other Disabilities group who are place individually earn approximately $400 per month.

Table 2
Percentage of Time Per Week that Employment Training Specialists Devote to Ongoing Support Services

	Enclave			Mobile Work Crew
	Individual	Clustered	Dispersed	
Job Survey and Development	13	9	16	4
Job Match	35	17	21	42
Job Placement	15	26	18	20
Job Maintenance	33	35	35	25
Related Job Services/ Interagency Collaboration	4	13	10	9
Total Hours Represented	13	30	23	23

Employment support consists of job survey and development, job match, job placement, job maintenance, and related job services and interagency collaboration (Trach & Rusch, in press). Table 2 displays the percentage of time that employment training specialists devote to each of these categories. The figures represented on the bottom of Table 2 indicate that employment training specialists average approximately 13 hours per week with all individuals in individual placements, 30 hours for clustered enclaves, 23 hours for dispersed enclaves, and 24 hours for mobile work crews.

Over the past 10 years we have identified several types of co-worker involvement (Rusch & Minch, in press). At present, we are analyzing the data across six categories: training, associating, befriending, advocating, collecting data, and evaluating. Almost 90% of supported employees with mental retardation and more than 90% of employees with other disabilities are associating with co-workers. This category is followed by evaluating, training, advocating, and befriending. Although befriending has the lowest rate of occurrence, many friendships have been formed on the job, and we are currently in the process of analyzing these over an extended period of time. It appears that for a period of at least six months, however, friendships do not significantly change.

Job Separation Findings

Since its inception, the intent of supported employment has been to focus on providing integrated employment opportunities for individuals who have never been employed, either because they were considered too severely disabled to be employed in the community or because someone may have thought that they weren't quite "ready" for employment in the community. With respect to these individuals, agencies were unable to provide the ongoing support needed for competitive employment. In addition, supported employment has focused upon individuals who have been unable to hold a job for an extended period of time. These individuals usually have a checkerboard employment pattern. These individuals may have failed to remain employed because they did not receive the support necessary to remain employed. The supported employment initiative was developed to meet the needs of these consumers.

Our research indicates that approximately 30% (n = 184) of the 613 individuals employed since November 1985, have separated from at least one job. *Separation* refers to a change in the job status of an employee that takes one of three forms. First, the employee may be terminated by the employer for social reasons or the inability to keep up with the demands of the position; second, the employee may be laid off by the employer for economic reasons or as a result of the seasonal nature of the work; or third, the employee takes a better job or no longer needs supported employment services.

Previous job separation studies have reported on the case studies of individual programs that focused upon individual placements of persons with mental retardation. For example, Greenspan and Shoultz (1981) reported on the primary reason for involuntary termination from competitive employment for 30 individuals with mild to moderate mental retardation and found that social incompetence played at least as important a role in explaining job failure as poor production. Hanley-Maxwell, Rusch, Chadsey-Rusch, and Renzaglia (1986) reported similar findings among 51 individuals. The primary difference between these studies and the current analysis is that we have analyzed 27 agencies implementing supported employment across the State of Illinois that serve a diverse group of persons with disabilities who are employed through individuals placements, enclaves, or mobile work crews.

Our research identified 184 individuals who had separated from a total of 204 jobs between November 1, 1985 and November 1, 1987. Forty three percent of persons who are currently employed are persons with borderline to mild mental retardation, whereas 48% of the job separation group consist of persons with borderline or mild mental retardation. While employees with moderate/severe/profound mental retardation, constitute 31% of the persons currently employed, they constitute only 21% of the individuals who have separated from their jobs. Finally, 25% of persons currently employed are in the Other Disabilities group and they represent 31% of those persons who separated from their jobs.

Poor individual adjustment on the job, which included social-related and production-related reasons was the most often cited reason for persons losing their jobs (35%). Social-related reasons (e.g., poor social skills, poor work attitude, poor attendance) accounted for 65% of the job separations in this category. Production-related reasons (e.g., work rate too slow, low quality work) accounted for the remaining 35% in this category. Examination of all 204 separations indicate that social-related reasons constituted 23% of *all* job separations, whereas production-related reasons constituted only 12% of all job separations.

Job separation as a result of the economy (e.g., temporary layoff, business closed, seasonal layoff) constituted 33% of all separations. It should be noted that 16.5% of these separations came from two agencies in an area of Illinois where the unemployment rate ranges from 12%–15% and the models that were implemented were predominately mobile work crews and clustered enclaves in industrial settings.

Approximately 10% of the individuals who were separated from their jobs took better jobs or it was determined that they no longer needed the ongoing support provided through supported employment. Forty-four job separations were categorized as "Other". The majority of the separations in this category were due to individuals moving out of the area (n = 16). Surprisingly, 13 individuals were separated from supported employment because of medical and health problems. This could be due to the fact that many of the individuals who have been diagnosed as having borderline to mild mental retardation also have secondary handicapping conditions (e.g., physical handicaps, epilepsy, sensory impairments).

Thirty-three percent of all job separations for persons with borderline/mild mental retardation were due to poor individual adjustment on the job. Interestingly, almost all of these reasons were social-related and not production-related. In contrast, although poor individual adjustment on the job accounted for 39% of job separations of persons with moderate/severe/profound mental retardation, the job separations were fairly evenly distributed across social and production-related reasons.

Approximately 50% of all job separations for employees with moderate/severe/profound mental retardation were due to the economic situation of the employer or because of seasonal layoffs. As would probably be expected, most of the individuals who took a better job or no longer needed ongoing support were individuals with borderline/mild mental retardation.

Poor individual adjustment on the job accounted for approximately 40% of all job separations for persons on individual and enclave placements. In contrast, poor individual adjustment to the job accounted for only 11% of job separations among the mobile work crew placements. The characteristics of the employment settings may partially explain this difference. Specifically, individual and enclave placements typically provide more opportunities for interactions with nonhandicapped co-workers than mobile work crews. Therefore, social skills play a major role in the success of an individual employed in the more integrated community options. Finally, economic reasons accounted for over 60% of all job separations from the mobile work crew placement model. Individual and enclave placements were significantly lower in this areas (21% and 31% respectively).

Conclusion

There is a long-standing historical precedent for too little support; only recently has legislation allowed "too much support" to be an issue. The job separation data forces a closer look at several issues related to community employment for persons with disabilities.

First, given the type of persons currently being served and the type of services they are receiving, one must wonder if persons with borderline to mild mental retardation are in their "least restrictive" work environment. In fact, we may be providing too much support for some employees through supported employment.

Second, community-based vocational training opportunities for special education students in advance of graduation must be emphasized. It is not surprising that a large percentage of the persons in the job separation group had difficulty adjusting to their jobs given the fact that most of these individuals were previously employed in sheltered workshops or work activity centers. Community employment settings contrast sharply with these sheltered settings, requiring individuals with disabilities to interact daily with non-handicapped co-workers, to adapt and adjust to changing work demands, and to meet production demands that are usually much more difficult than those encounted during their sheltered employment.

Finally, Rusch, Winking, Trach, Tines, and Johnson (1988) revealed a high turnover rate of job coaches and indicated that the primary reasons for these job separations were related to money or prestige. The high turnover rate among job coaches is an obvious threat to consistency of programming at the job site. Issues related to job separation cannot be adequately addressed if the necessary training and support for the individuals responsible for making supported employment work at the local level (i.e., job developers, program coordinators, job coaches) is not provided. These individuals cannot be expected to work with employers, identify jobs, provide systematic training, promote integration, and decrease the amount of support required by consumers over time, if *they* are not provided with the necessary training and support.

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Job Opportunities Today and Tomorrow Ensuring Career Choices, Mobility, and Employment Continuity

(Reinforcing Supported Employment Systems and Programs)

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Employment opportunities and options today are significantly better than they were a decade ago. The future for persons with developmental and other severe disabilities promises to be even more improved and expanded in terms of jobs in the integrated market place.

A number of studies of the general labor market opportunities for persons with disabilities have been conducted in recent years (Bowe 1984, Carnes 1984, Decker, 1984, Institute for Information Studies 1982, Vachon 1985), but most studies have not addressed the special ongoing support and career paths needs of persons with developmental and other severe disabilities. This is understandable because this group of persons have not been considered candidates for competitive employment. If they were able to get jobs outside a sheltered employment setting, the jobs tended to be entry-level, low wage employment.

Employment opportunities for persons with developmental and other severe disabilities really just began to open up in the integrated market place at the midpoint of the eighties decade. Consequently, any projection of employment in the future may be viewed as mostly speculation. However, a recent report of competitive employment placements of more than 82,000 persons with developmental disabilities (Elder 1986) gives credence to the employment potential of these persons. Despite this, there remain issues and needs that must be addressed to enhance the success of these persons in the community labor market.

One set of issues or needs remaining unaddressed pertains to the long-term implications of this expanded employment option. Reports on supported employment programs and projects most often address initial access to employment. However, they fail to consider the possibility that all persons engaging in employment will eventually want to consider changing jobs, including advancement and career mobility. The reports also indicate that many jobs selected for persons in supported employment tend to be the types of jobs which are considered "dead-end" employment with little or no chances for advancement. Further, little attention is given to the growing problem of persons who were placed in early supported employment activity (1984-87) now leaving their jobs, voluntary or otherwise, and requiring assistance in securing another job.

This paper responds to the new developments of expanded employment options by providing an analysis of the current and future employment opportunities. This analysis includes a discussion of career paths and advancement potential. The goal of this paper is to provide a base of information about current and future labor market trends. This information is intended to broaden the perspective of educators, trainers and other service providers, as well as persons with severe disabilities, their parents and guardians and others regarding the world of work—today and tomorrow.

Traditional Jobs, Current Innovations and Models

If persons with developmental disabilities are able to access the competitive labor market, they are most likely to get jobs involving menial labor for which there is little competition from non-disabled workers. These jobs include dishwashing, lawnmowing, janitorial work, and related low-paying work. The future already shows signs of improving as the integrated employment movement is implemented. Reports on research and demonstration projects and similar activity in the competitive employment arena reflect successful employment in: mailroom operation, repackaging of products, license plate manufacturing, microfilming, car prepping, boat cleaning, turnpike rest-area maintenance, and building maintenance. Enclaves in industry provide a variety of production tasks; individual industrial workers perform routine clerical and record keeping tasks, inventory, and warehouse materials. The innovations tend toward expanding the productive capacity through teams of workers who may have different functional levels and limitations. In addition, automation has expanded the range of available tasks in some processes (rather than eliminating jobs done by unskilled persons).

The operation of business enterprises by persons with developmental disabilities is an area which has had limited attention. However, recent technological improvements (e.g., computer/information services systems, including the advent of terminals in the home) make this job choice more attainable, especially for persons with cerebral palsy and similar functional limitations. Persons without vision have been successfully engaging in self-employment in food service and vending machine operation for several years. Other examples include operation of micrographic services, building services contracting, and wheelchair repair.

Many job opportunities have been tapped by persons with disabilities. But, many more options exist. The important element to consider when identifying possible jobs is the long range potential of these jobs to provide gainful employment consistent with the capacities and interests of the individual.

Labor Department Forecasts: Where The Job Growth Will Occur

Projections of employment growth (U.S. Department of Labor, 1984) provide target areas for exploration as job opportunities for persons with developmental disabilities. Total employment is projected to reach almost 123 million in 1995, a gain of almost 16 million jobs from those available in 1984. The majority of these new jobs will be added in a service-producing industry (i.e., transportation, communication, public utilities, trade, finance, insurance, real estate, miscellaneous services, and government). The remainder are projected to be goods-producing jobs (i.e., manufacturing, construction, mining, and agriculture).

Service-producing Industry

Personick (1985) suggests that one component of the broadly defined service-producing sector, the miscellaneous service sector (which includes business, personal, and medical services), will account for almost half of the 16 million new jobs. By 1995, this sector is expected to account for more than one out of every four jobs in the U.S. economy.

Business Services

The business services industry is projected to have the most new jobs and the second-fastest rate of growth among 149 industries studied (U.S. Department of Labor, 1985). The continued shift toward contracting out some operations, and growth in demand for computer software and other types of modern business services are factors underlying this development.

Jobs in durable goods manufacturing industries are projected to rise by about 1.5 million, but this growth will be partly offset by a 0.1 million decline in nondurable goods jobs. Employment in manufacturing is projected to just top 21 million by 1995, slightly below its 1979 peak.

Of the 122.8 million employment opportunities projected for 1995, 8.9 million workers are expected to be nonagricultural self-employed, and unpaid family workers. The number of persons who are self-employed has been rising in recent years, especially during the cyclical downswing in employment. When new hiring is tight, some people go into business for themselves or supplement their salaried jobs with side business. Most self-employed jobs are concentrated in trade or service industries. Personick (1985) indicates that despite the shrinking importance of the cyclical factor, the projected continued shift to service sector employment will contribute to the growth of self-employment (e.g., by increasing the demand for business and professional consultants).

The business sector growth is attributed to two major causes, both of which have implications for employment for persons with developmental disabilities and other severe disabilities. First, many new types of services are integral parts of modern business operations. Second, firms have found it more efficient to contract out many of these services rather than rely on in-house staff. An outside contractor can maintain a large specialized staff and enjoy the economies of scale not possible for each individual firm. For permanent services, such as security or janitorial services, overhead and managerial expenses are reduced by contracting out; and for one-time, infrequent operations, it is often both quicker and cheaper to hire outside expertise (or labor) than to develop it in-house. Contracting out for the proliferation of new services required in today's economy has strongly spurred employment growth in the business services industry.

Employment in the data processing portion of the computer industry will also show increase, but much less rapidly than jobs in programming and software services. However, a development of interest to this study, is the hardware developments which will be allowing more on-site processing, and repetitive data processing tasks generally requiring less highly specialized skills than programming and software services. These developments in new hardware and software now permit a firm's own non-technical personnel (or contractors) to perform routine processing, presumably bringing jobs within reach of the persons targeted for supported employment.

The temporary help industry is another business service with potential for rapid growth. Firms have become more successful in using temporary help to meet peak loads and to weather business cycle swings without having to hire or fire permanent employees. Also, more workers may be willing to work as temporaries in coming years because of the opportunities for flexible scheduling and for part-time employment. Between 1978 and 1983, employment in temporary help agencies grew a rapid 6.6 percent a year, and in 1984 alone the job level increased another third. The use of temporaries is expected to increase 5 percent a year.

The growing practice of businesses to contract out building cleaning services will reduce the proportion of employment accounted for by janitors and cleaners in most industries. However, the negative effect on employment of janitors will be offset by significant gains in employment in the business cleaning services industry. As the development of work crews made up of persons with developmental disabilities expands, this trend has special significance, as does the general trend toward contracting out for services. The concept of providing supported employment in the form of enclaves and work crews on a contractual basis seems to be a structure whose time has come. Equally important, the system is expected to experience continued growth in demand in the future.

Trade Industries (Personal Services)

Trade industries also top the list of growth areas. Employment in wholesale and retail trades and in eating and drinking establishments is expected to grow by 4 million, to more than 28 million by 1995. Of special interest is the projected shift in the type of eating establishments, from dominance by fast-food restaurants to more (labor-intensive) sit-down restaurants as a result of the growth in the older population, and their preference for a more relaxed meal. Other retail establishments showing projected large job gains include grocery and department stores, joined by miscellaneous shopping goods stores (such as those selling jewelry, books, cameras, and sporting goods). Declines are expected in variety stores, general merchandise stores, fuel and ice dealers, household appliance stores, and furriers.

Private household workers are expected to continue their long-term employment decline. However, according to Department of Labor projections (DOL, 1985) the rate of the decline is expected to be considerably slower than the rate of decline over the past decade. This surprising finding or projection is contrary to expectations of demand growth in light of the steady current increase in the number of two-wage-earner families. Reports of recent expanding markets for crews of household cleaners, using workers with disabilities, suggest that the market may actually be growing if the performance is assured, as it is in the case of the special crews.

Medical Services

The health care industry is expected to sustain its major growth of the past decade, but the cost-containment measures recently initiated are expected to cause a shift from general hospital care to less intensive and less expensive nursing homes, extended care facilities, and home-based care. The needs of the expanding elderly population will also be a factor in the shift. However, employment in the insurance industry is not expected to show relative growth but the industry is likely to become more automated, with functions once requiring skilled underwriters becoming feasible for clerical personnel.

Job Projections

Growth in selected occupations and declining employment in other areas need close examination on a State-by-State basis because of regional and geographic differences (e.g., "Rustbelt" vs "Sunbelt"). However, for general purposes the projections of jobs (U.S. Department of Labor, 1985) could be summarized into 5 general service occupations. While all *Services occupations* are projected to have sustained growth, and there are a variety of job clusters within the service category, the following seem to be the most realistic and feasible targets:

1. Health technologists and technicians, possible target areas are clinical laboratory technologists and technicians;

2. Technologists and technicians (except health), possible target areas are electrical and electronics technicians;
3. Administrative support occupations, including clerical, possible target areas are shipping and receiving clerks, and teacher aides;
4. Other services occupations, possible target areas are food and beverage preparation and service occupations (including cooks and chefs, bartenders, waiters and waitresses), health service occupation (including nursing aides, orderlies, and attendants), cleaning service occupations (including building custodians), and personal service occupations (including cosmetologists); and
5. Mechanics and repairers, possible target areas are vehicle and mobile equipment mechanics and repairers, coin machine servicers and repairers, industrial machinery repairers, and office machine repairers.

It should be noted that the above listing is a tentative projection, based upon Department of Labor categories. Considerable additional research will be necessary at both the national and individual state levels. Also, the occupation clusters listed above should be explored from two perspectives: (a) as areas for skilled or semi-skilled placements, and (b) as areas in which unskilled workers might be placed as aides and helpers.

Implications of Job Projections

In order to assess the implications of the Labor Department forecasts it may be helpful to summarize the findings which seem to have significance for this analysis of job opportunities of the future. These findings revolve around the role that advancing technology plays in labor market demands.

In the area of high technology growth, there is good and bad news. Technology will assist in overcoming physical limitations, reduce the impact of decision-making requirement, and will expand the range of feasible jobs. But, the high technology field is relatively small (although growing rapidly) and consequently, overall impact is likely to be limited. Additionally, the assumption that advanced technology requires higher skill is being challenged (High schools and the changing work place, 1984). Sometimes a lesser skill is required. However, advanced technology may reduce some skills needed through the use of new tools.

Automation may eliminate some routine jobs traditionally filled by persons with disabilities, but it also will create new jobs. For example, modular construction techniques are enjoying increased popularity in equipment manufacturing because of the ease of repair, e.g., the module (component) is simply replaced. One illustration of this is that in the computer industry, computer manufacturing is automated to the stage that assembly and repair can be completed by assembling (or replacing) pre-fabricated modules/components. This task involves far less skill than what was required in the previous equipment design.

Improved technology is having another impact on jobs, especially services occupations. As a result of medical/health technology expansion, the general population is living longer (getting older), thus changing the type and character of service needs (market for services). Implications for employment for the target population include:

1. The food services industry is likely to shift from fast food to more sit-down restaurants as the influences of the elderly customer expand. This would expand the range and variety of unskilled and semi-skilled jobs.
2. Health care is expected to shift from intensive and acute care services to more nursing home and extended care services. This shift is the result of continued cost escalation (and increased government efforts to control expenditures) in acute care. Also, as the needs of older people become more significant, and they require longer periods of health care but are unable to afford the general hospital services, the shift away from acute care will expand. This has potential in terms of employment in the job opportunities for aides, attendants and assistants.
3. Closely related to the extended care services growth is the home health care, another area receiving attention in an effort to contain costs and create a more personal environment. The training of persons with developmental disabilities (as aides for homebound persons) has received very little attention even though the market is already growing steadily.

The practice of contracting for services is growing and expected to continue to expand as employers become more profit-conscious (U.S. News and World Report, 1985). This would permit the current crew-labor/work-crew model, popular in supported employment, to expand to new fields of business and industry.

Companies are finding it advantageous to break manufacturing and production operations into smaller, more autonomous units (Carnes 1984), moving away from large industrial plants. This change also includes relocating jobs in the employee's home, a change made possible through development of electronic terminals which can be linked to central computers. Both changes have implications for persons with severe disabilities: (a) the shift to smaller components could permit attention to the continuing need for on-the-job support of employees, and (b) the move to home-based employment would open the job market for persons with mobility and other transportation problems or needs. However, the advantages and disadvantages of these two types need further consideration.

Small business enterprises operated by individuals with disabilities are an untapped opportunity made more feasible with improvements in vocational education programs for students with disabilities. A variety of enterprises have been funded through various Federal resources (e.g., Small Business Handicapped Assistance Loan Program, Federal/State Rehabilitation resources, and Developmental Disabilities grants), most often as demonstration projects. As experience is gained and technical assistance resources are developed, the self-employment option should expand considerably. It is important to note that the pathway to operating a business enterprise is most often through experience as an employee. Self-employment is generally not a beginner's option.

Labor turnover (hiring and firing/replacement) costs are expected to increase in the future. The turnover problem could represent another opportunity for job placement agencies serving persons with disabilities to refer job-ready workers or the assurance that the job will be done. This makes the assumption that there has been effective screening and evaluation of the worker candidates which is superior to the traditional services provided by public and private employment agencies to other worker candidates. In addition, the ability of the agency to provide follow-up and/or follow-along services to placed workers also will be an incentive for employers.

Finally, fewer youths will be in competition for entry-level jobs as the population ages. This will result in opening the field for persons with disabilities and other disadvantaged groups. Additionally part-time and temporary jobs are expected to grow, expanding job opportunities for persons unable to physically sustain a full workweek.

Career Paths and Mobility Opportunities

Although career paths and upward mobility are becoming an increasing concern of persons with severe disabilities, the importance of getting the first job will continue to dominate placement efforts. Someone who cannot find work and keep it cannot start an employment career.

Instability of the first job should not be a major concern in placement. In the "regular" labor market, first jobs often offer low pay and scant advancement opportunity. But, they provide the initial experience that every worker needs in order to advance. The point made by employers in a recent national seminar on the changing workplace (Academy Press 1984) was that "technology will change, business will change, the content of the job will change, and one's employer will change, but what will not change is the need to adapt to new opportunities". The major asset required by employers (of persons seeking upwardly mobile careers) is the ability to learn and adapt to changes in the workplace.

Employers will continue to place a high value on reliability and cooperation. A positive attitude and sound work habits are of basic importance. Equally important are the core competencies required by employers for success in employment. These include command of the English language, reasoning and problem solving, reading, writing, computation, science and technology, oral communication, interpersonal relationships, and personal work habits and attitudes. It may not be realistic to expect that the majority of the candidates for work from the group of persons targeted for supported employment will have all, or even most of these competencies. But, the more competencies that are present, the more employment chances are enhanced. More importantly, if persons with severe disabilities are to move from the traditional cluster of job opportunities to expanded options in the future, there must be greatly increased attention to these core competencies in the training and education curriculum of schools, and community-based sheltered workshops and similar programs.

Areas of Opportunity

Frank Bowe (1984) suggests that in the years 1984-1990 and beyond, persons with severe physical, sensory, or mental disabilities seem most likely to find and keep jobs in five broad areas of employment: general services, special services, sales, information services and entrepreneurship. These five areas appear to represent the most interesting opportunities because labor market, labor force, worker characteristics, and accommodation aid factors converge to create particularly favorable conditions. The areas are described below.

General Services:

This area includes direct services to members of the general public and to employers. Examples include secretarial and related office work, hotel/motel and convention services, and home management services.

Opportunities in this area are very attractive for many persons with disabilities for a number of reasons. First, many, if not most, of these jobs require little in the way of previous education and training because they usually feature employer-provided training. Many employers insist on doing their own training of general services workers, and discourage highly educated people from entering such jobs. Given that many persons with severe disabilities have educational-attainment levels lower than the average for the general public, this characteristic of the area may be an appealing one. Second, competition for such jobs generally is very limited compared to the demand in many other fields of work. Third, and important to this discussion, the number of openings in this area is projected to grow very rapidly until the end of the century. Fourth, for employees of fairly large corporations, upward mobility is often possible because many such companies offer employees training at the firm's cost. Fifth, investment in technology to aid such workers is surprisingly sharp. The use of personal computers and personal work stations in the office, for example, is growing exponentially; such devices are easy for many persons with physical disabilities to use and, increasingly, the technological advances are such that some computers can convert written text to voice for persons without vision. Within the next five to ten years some such machines will also "hear" for workers unable to hear.

Special Services

This grouping includes jobs in which workers provide direct services and other assistance (including devices and equipment) to persons with special needs. Such persons include older citizens, people with chronic health problems, and other persons with disabilities.

Opportunities in this group likely will explode in number at least until the year 2030, because the number of older persons and persons with disabilities will grow rapidly in size during this period. The move away from institutions and toward community care, as in independent living and home health care services, for example, adds to the growth in this realm of employment (U.S. Department of Labor, 1985, November). Because many people with severe disabilities have first-hand experience with limitations of activity, as well as with effective and inexpensive solutions to common problems of daily living, they can call upon their own personal life experiences to help meet the needs of other people with special needs (Bowe 1984). Technology is providing one major reason for explosive growth in the special services area. Reasonable accommodation aids and devices are increasing in number, and effectiveness, even as they are dropping in price.

Sales

This includes a wide variety of selling. The activities range from clerical-level activities to direct marketing from an office, sales room, or home.

Bowe (1984) suggests that success in sales is demonstrable: a job applicant with a disability can prove to an employer very quickly that he or she is a capable worker; thus, overcoming employer resistance to hiring persons with disabilities. The most interesting reasons for highlighting sales as a pocket of opportunity for persons with disabilities is that telemarketing is becoming an increasingly popular sales technique. Companies find it is much less costly to operate with 800-numbers or WATS lines than it is to send salespeople to visit with customers (or to maintain showrooms). In response to this new opportunity, increasing numbers of businesses with products to sell are installing computerized systems which provide significant data about sales prospects at a job site, possibly in a remote or otherwise isolated location, or even in the home of the individual. Orders are recorded, invoiced and shipped through the same new technical system. These same devices can, with fairly minor adjustments, be operated effectively by persons with severe physical disabilities.

Information Services

In this group of services, experts, technicians and others who are highly skilled offer guidance and advice to corporate and individual clients, including persons with special needs. Examples include lawyers, accountants, insurance agents, stock analysts, and personal affairs managers.

As our society becomes increasingly complex, individuals and corporations need increasing amounts of information upon which they can base decisions (U.S. News and World Report, 1985). But the real need is for interpretation, analysis and synthesizing of data, especially in financial, legal and legislative areas. Other kinds of information services will also be highly valued in society.

Entrepreneurship (Self employment/business enterprise):

People start their own business to take advantage of two factors: (a) their own special expertise, and (b) the market demand that is not being met by others. Entrepreneurs do just about every imaginable kind of job. For persons with severe disabilities, the business enterprise traditionally has ranged from vending stand operation to business machine repair and related business services.

Persons entering this area should be aware of the skill requirements in producing a commodity or service, as well as the need for marketing and business management skills. Someone starting his or her own business needs to know the particular field of work very well, and have the kinds of contacts that will get the enterprise initiated properly and efficiently. The general requirements and resources for financing were described in the previous section and should be reviewed carefully. It is very important that persons seeking to enter this arena have good technical assistance. The Small Business Administration has excellent written resources and manuals. The SBA also has consultants who can be made available on a volunteer basis or at minimum cost.

Personal Characteristics of Job Targets

The jobs for which persons with disabilities should be considered or prepared will likely vary sharply by personal characteristics, and may also vary by the type of disability which they can accommodate (but less significantly). Personality characteristics mesh most closely with success in various occupations. Bowe (1984) suggests some characteristics that different kinds of jobs seem to require: (1) people/ideas/things, (2) inner versus other-directedness, (3) tolerance for routine, (4) educational requirement, (5) assertiveness, (6) desire for companionship, and (7) need for communication technologies. He evaluates the five areas of job opportunities in terms of the seven personal characteristics:

General Services

Requirements for general services are high in the need for: tolerance for repetition, neatness, cleanliness, companionship with co-workers, and attention to routine tasks. They are low in the need for: compensation expectations, upward mobility opportunities, autonomy at work, level of educational requirement, and high technology in communication. Employers often prefer to train general services workers themselves. For example, McDonald's, Marriott, and other similar employers have on-the-job training programs designed to develop the needed skills. In some low-skill jobs the training requirements are minimal and abbreviated on-the-job orientation is adequate.

Special Services

Requirements for Special Services are high in the need for: tolerance for repetition, neatness, cleanliness, caring for others, and attention to routine tasks. They are moderate in the need for: companionship, autonomy at work, educational requirement, and compensation expectations. They are low in the need for: technology in communication, and upward mobility potential.

Sales

Sales jobs requirements are high in the need for: compensation expectation, inner-directedness, autonomy, attention to detail, and upward-mobility expectations. They are moderate in the need for: educational requirement, companionship, tolerance for repetition, and high technology in communication. They are low in the need for close supervision. As indicated earlier, sales is rapidly becoming telemarketing-sophisticated. Expensive technology faces the worker who works mostly with telephones. Information about the customer, recent purchases, and known needs and desires flash on a screen as the worker places or receives a call. Thus, physical mobility is not a major concern. Vision loss can be compensated for, and at some point within the next five to ten years, hearing loss may to some extent, also be accommodated.

Information Services

Requirements for information service jobs are high in the need for: educational requirement, inner-directedness, experience with particular information, understanding of clients' needs, upward-mobility orientation, and compensation expectations. They are low in the need for: companionship, tolerance for routine, and need for supervision.

Entrepreneurship

Entrepreneurship needs are high in: compensation expectations, technical knowledge of a particular field or area, inner-directedness, attention to detail, "people" and "ideas" orientations, and assertiveness. They are moderate in the need for: tolerance for routine, and need for communication technologies. They are low in the need for companionship and supervision.

Summary and Conclusions

The future is much more likely to hold a better promise for economic self-sufficiency for persons with developmental and other severe disabilities than was ever imagined by care givers, advocates, parents and educators. The demonstrated successes in the integrated market are likely to open new doors of opportunity for this group of persons which has had a history of discrimination in many areas of their life.

The major missing element in the service system lies in failure to address long range needs: providing ongoing support in the community to assist the worker in getting another job when change occurs (voluntarily or involuntarily), developing occupational information which can identify career paths and related choices for the individual, and considering opportunities for advancement offered in the job choices. Failure to address the issues of future needs will likely mean that: (a) many jobs secured will be "dead-end" with little or no opportunity for mobility (lateral or upward), (b) losing a job could result in winding up on a waiting list, and (c) individual choices and interests would not be addressed.

Under the current system the consumer perspective is not always considered; in many instances the choices are made by the services provider. It is important to have the individual involved in making job choices, considering his or her interests in the employment decisions. Changes in program structure and scope could remedy that deficit.

Developing long-range support and career choices, as well as planning to follow-up placement and re-placement (employment assistance) services, would place more responsibility with service providers in terms of ensuring that these needs are addressed. Thus, revisions to the job placement procedures are critical. This is especially true in the areas of ensuring choices, providing career paths, and assisting in re-employment.

Changes in practices are more important than legislative or regulatory revisions in addressing these issues. However, there are several needed Federal or state policy changes that are described in other papers but which have relevance to this issue. Examples are the restrictions in the VR and JTPA regulations which fail to provide incentives for ensuring long-term stability in employment.

In providing a broader base of information regarding career and occupational choices, including upward mobility, the prospects of providing employment assistance to individuals representing a variety of skill and productivity levels would have important value for persons with disabilities. Additionally, addressing long-range needs is expected to produce a more stable work force because of the career mobility which would be afforded in the changes. Employers would view the process as supportive of their needs for finding, hiring and keeping qualified workers.

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Rehabilitation Facilities and Supported Employment

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Rehabilitation Facilities have responded to supported employment in very diverse ways (Whitehead, 1987). While systematic data regarding the range of responses are not yet available, the experiences and observations of facility and supported employment activists offer perspectives which shed light on various situations and conditions presenting themselves as facilities become a part of the supported employment movement. There are some broad associations made with the different levels of involvement and implementation of facilities in supported employment. This manuscript explores these associations by briefly examining the history of facilities as it relates to supported employment, and by describing three different supported employment perspectives and seven issues challenging facilities as they move to include supported employment in their array of available services.

Background to Facilities' Issues in Supported Employment

Rehabilitation facilities were antecedents to public rehabilitation service delivery systems. Since the mid 1800's, facilities have initiated local services and responded to developments which impact on the lives of persons with disabilities. In the late 1800's, vocational facilities assumed a role of custodial care with employment for persons rejected by society (Koestler, 1976; Rubin & Roessler, 1987). Even though facilities expanded their role to include transitional training and other professional services in the mid 1950's, in many areas of the United States their basic identity remained that of an employment resource for persons whose disabilities were considered too severe for them to be employed in competitive work environments. With the advent of supported employment, the basic assumption of being "too severely disabled to be employed in competitive environments" has been challenged (Bellamy, Rhodes, & Albin, 1986; Wehman, 1986). This change has created opportunities for facility leaders to review their assumptions, clarify their role in rehabilitation, and make whatever adjustments appear appropriate and in the best interest of consumers with disabilities.

Nationally, supported employment trainers and developers have noted a general tendency towards a higher degree of facility involvement in the supported employment movement in states where facilities are seen as more autonomous from state rehabilitation agencies (e.g., vocational rehabilitation programs, developmental disabilities programs). This autonomy is readily identifiable in areas where facilities have diversified their funding and operations, and exist as independent community agencies. In areas where lack of autonomy is common, facilities are seen as heavily dependent on and controlled by governmental programs, quasi-governmental identities exist, and there is generally less involvement in supported employment. Where facilities remain integrally linked to state rehabilitation agencies, they tend to defer their supported employment activities until the state structures and policies have changed to specifically include supported employment, and economic commitments have been made. Facilities that have a more independent management approach tend to take the initiative in accessing multiple resources to provide the types of services reflective of local community interests. The issues and challenges of these different types of facilities are not entirely the same. The dissimilarities begin with their individual perspectives and understandings of supported employment itself.

Different Perspectives of Supported Employment by Facilities

Regionally and within respective states, facilities view supported employment differently. Disagreements on operational definitions, acceptable parameters, and range of appropriate impairment levels continue to create confusion when attempting to discuss performance issues. A major source of confusion appears to stem from differing perspectives of supported employment. There are three major viewpoints which contribute to difficulties in assessing facilities' roles and levels of implementation of supported employment (McDaniel, 1986). These veiwpoints range from identifying supported employment as an outcome to seeing it as a unique program distinct from other services the facility has to offer. The third view identifies supported employment as a social and civil rights movement.

Technical Employment Outcome

Some facilities regard supported employment as a technical employment outcome status which meets specific environmental conditions. Often, when viewing supported employment from this perspective, there is less emphasis given to determining the need for indefinite, ongoing support services in order to sustain employment. Supported employment is seen as an option for the convenience of the rehabilitation service delivery system. There may be no difference between a supported employment program and previously existing mobile work crews under sheltered employment programs.

Comprehensive Program

Facilities may view supported employment as a comprehensive, unique rehabilitation program with individually prescribed sets of procedures, essential components, and specified outcome criteria for consumer benefits. With this perspective, supported employment may be seen as part of a continuum of services or as replacing the more traditional sequencing of programs. When viewing supported employment as part of a continuum, the facility frequently has not adopted the "place into employment and then train" orientation. Instead, supported employment is often being used as an intermediary step between segregated services and independent placement. The "place and train" approach has had mostly opposition within facilities that provide traditional vocational evaluation. Appropriate assessment procedures in supported employment are ambiguous. This ambiguity contributes to the confusion about the value of using facility-based services for making supported employment decisions.

Social/Civil Rights Movement

Supported employment may also be viewed as a social and civil rights movement that uses employment to emphasize integration, increased social status and consumer empowerment for persons with the most severe disabilities. When this philosophical and values-based orientation exists, facilities are concerned about facilitating meaningful relationships between persons with severe disabilities and persons perceived as having no disability, and monitoring the effects of the supported employment situation on the overall quality of life for the consumer.

The three prespectives described above clearly impact on the implementation of supported employment. Regardless of which perspective each facility has, there are some common issues and challenges they must face as they implement whatever level of supported employment is chosen.

Specific Issues Challenging Facilities in Supported Employment

Depending on the perspective and definition adopted by individual facilities, each tends to report issues at various levels in the following areas: conversion, consumer identification, design identification, personnel needs, funding, advocacy, and collaboration. The degree of impact varies from facility to facility.

Conversion or Expansion

Some facilities that adopt the perspective of supported employment as a social and civil rights issue have made plans to convert their entire programs to community-integrated services (Campbell, 1988). Other facilities prefer to retain the segregated employment option (Horn, 1988). Those facilities electing to offer both segregated and integrated programs range from the predominant services remaining segregated to programs where the segregated option is minimal. Generally, it is believed that facilities offering dual programs tend to protect and favor the traditional segregated services, and that decisions to expand or convert are based primarily on administrative factors rather than consumer preferences. It is also believed that the costs for supported employment services are higher in facilities that are predominantly organized to deliver segregated services (Hill, 1986). The expansion or conversion issue is also related to the types of disabilities shown by persons served in respective facilities. For facilities that serve individuals from a broad range of disability categories and levels of impairment, the continuation of effective short-term transitional services that result in independent competitive employment may be important. Reluctance to adopt a total conversion plan is often perceived as preferring to avoid risks for the consumer as well as the facility, and reflects an acceptance of both segregated and integrated work situations.

Identification of Persons Appropriate for Supported Employment

The initial activity in many states has been to begin drawing supported employment consumers from existing segregated adult programs. This practice has resulted in what appears in some areas to be a "creaming" process, where persons with less severe disabilities are being placed into supported employment first (Mank, 1987). In some areas, persons from a cross-section of disability categories and level of disabilities are being transferred into supported employment. Practitioners are discovering that a considerably high percentage of persons who have been retained in segregated programs can be independently employed, if given a longer term transitional process in the community. Until a more accurate and definable assessment process is verified, it will be difficult to predict who actually requires ongoing support to sustain employment. It is easier to make such assumptions with persons who have the most severe and complex disabilities. However, these persons are not routinely being referred to supported employment by public referral sources and by facilities. Advocates for persons with disabilities other than developmental disabilities and chronic mental illness are also identifying the value of supported employment only to discover that public funding sources and regulations do not pertain to these individuals. This creates a problem for facilities that serve consumers from a broad range of disabilities who could benefit from supported employment practices.

Selecting an Appropriate Supported Employment Design

Often related to an individual facility's perspective on supported employment is the design of its program (McDaniel & Flippo, 1986). Facilities previously operating off-site contract work such as grounds maintenance and janitorial services have generally adopted the group supported employment model. Facilities that are experienced in job placement services have tended to adopt the individual placement model. Frequently, facility managers report that state service fee structures, rather than local or individual conditions, largely determine the design of their programs. Many facilities are beginning to recognize that supported employment services designed from programs serving persons with mental retardation are not appropriate for individuals with other types of severe disabilities who would benefit from supported employment. Less information has been published on the unique supported employment approaches for persons with disabilities other than mental retardation. Facilities are now recognizing that a generic supported employment program may not work for all potential candidates.

Personnel and Staffing Needs

An underlying issue facing any facility implementing supported employment is whether or not the rehabilitation system will provide the resources to enable hiring sufficient numbers of qualified direct service personnel. To date, programs which have been serving those persons now considered prime candidates for supported employment have employed direct service personnel who are largely qualified to provide only custodial care. Facility personnel who have the most contact with the consumer with disabilities are frequently the lowest paid and least qualified of any program staff. There continues to be a debate as to the appropriate academic and experience credentials needed to effectively perform the duties of a supported employment trainer or supervisor (Hansen, 1988). Since the work is performed at community sites independent of close professional supervision, it is recognized that these skills and responsibilities of supported employment personnel are greater than for direct service staff in sheltered settings. Staffing configurations differ according to program designs, but it is generally agreed that adequate qualified personnel is essential if supported employment is to be successful. Facilities have not had available sufficient personnel training resources needed to produce effective results with their staff in obtaining appropriate supported employment skills. In addition to training direct service job coaches or supervisors, many facilities are needing to re-train their professional staff to perform supported employment duties.

Funding Supported Employment Services

For many years, facilities have realized that, for the most part, public disability and rehabilitation agencies do not pay the total costs of providing services. Facilities have always had to augment their fee-for-service revenue with their own self-generated income. The extent to which facilities are willing to supplement their own earned funds for supported employment is related to their commitment to implementing a program and to the perspective from which they are operating regarding the value of supported employment for persons they serve. It has not largely been recognized that community facilities have provided employment to persons without sponsorship from public funding resources. Many of the people who have been given pro bono services by facilities are now considered eligible supported employment clients. These facilities doubt that adequate funds will be available to serve those previously unserved by public agencies. In some states that offer payment to facilities for providing segregated adult employment, the state rates are much below the costs of providing supported employment. Each time a facility accepts a supported employment consumer, it does so knowing it has assumed a financial liability. Since many traditional facilities have learned to augment their revenue through industrial activities, the shift to supported employment presents a tremendous dilemma. In some cases, facility managers have recognized that by restructuring their entire agency and by promoting employment services to public agencies and to local employers, they can produce sufficient revenue to operate their supported employment programs. If the supported employment unit is treated as a unit of a larger facility-based program, it is more difficult to operate as a self-supported entity. The lack of a stable funding base for ongoing support is a major barrier for implementing supported employment. A final major concern for some facility managers is what to do with large buildings that have been acquired through local community campaigns, grants and other sources which may not understand the ideological reversal of the organization. Some facilities have been creative with this issue by leasing portions of their buildings to community employers who hire some of the facility's workers under legitimate supported employment arrangements (Whitehead, 1988).

Consumer Advocacy

Facilities fully practicing supported employment have had to become consumer advocates in the truest fashion. Assisting the consumers and their families to have the primary role in decisions has frequently created tension among the service delivery systems' representatives. Often the facility staff are caught between the consumer and the system. Training consumers and their families to assume greater control and responsibility for their services has been a service many facility staff have had to develop. With empowerment and independence goals emphasized, facility personnel have had to become the intermediary between the consumer and systems' officials who want documented outcomes. Supported employment relies upon a natural work experience process which is different from decisions being rooted in evidence clear to professionals but not to the consumer. For facilities continuing to offer segregated and integrated services, it becomes critically important to assure consumer expression of choices (Horn, 1988).

Collaborative Services

Facilities fully involved in supported employment are discovering that an enormous amount of time is required for cooperative planning and joint case management with multiple community and public agencies, as well as with employers. Genuine partnerships among school and adult service providers are forming in many areas of the country. These collaborative efforts are producing notable results in the form of shared resources, coordinated scheduling, and creative problem-solving. Trainers and developers have noted that, for the most part, in states where supported employment is solely driven by government agencies, there is a noticeable lack of community collaboration. Facilities that have been closely aligned with their community colleagues are finding the multiple agency coordination to be worthwhile. Facilities that operated on a self-contained basis are more reluctant to become associated with a loosely organized community system. In areas where local supported employment teams are operating, there is a tendency to have less competition with employers, and implementation problems are resolved as part of a routine process. The positive experiences of facilities in some cooperative community groups indicate that supported employment needs to be locally driven in order to address the unique and specific conditions in each community. With a local cooperative spirit that involves facilities, other local service providers, employers, and governmental agencies, many difficult and complicated supported employment issues are being resolved. In places where facilities are awaiting for public policies to be developed, continual barriers and opposition exist.

* * * * *

Based on panel member comments, a reflection on national practices observed by supported employment trainers and developers, and from reports of key facility leaders active in the supported employment movement, the following recommendations are offered for consideration by the President's Committee on Employment of People with Disabilities:

1. Revise existing regulations which prevent Social Security Administration funds from being applied to supported employment for long-term support defined by other federal agencies.
2. Broaden federal supported employment regulations in the Rehabilitation Services Administration beyond

existing inferences to persons with mental retardation and chronic mental illness to specifically cover persons with severe disabilities who may need other types of on-going support than those currently allowed.

3. Coordinate relevant federal agencies to develop guidelines for standardized consumer evaluation, assessment, and ecological analysis based on consumer need to determine criteria for appropriate referrals for supported employment.
4. Give priority emphasis to facility personnel training and technical assistance in developing and applying skills of persons with severe disabilities to make informed decisions pertaining to their employment options. Assurances should be developed for all persons receiving public services to have an opportunity to become familiar with, and have equal access to options available to all people in the community.
5. Require that public agencies use only community service provider direct-service personnel who are trained and competent in the techniques of applied behavioral analysis and systematic instruction.
6. Conduct studies on supported employeemnt fee structures and rate setting practices and produce recommendations on how to avoid having consumer supported employment job decisions made which favor the economic status of the service provider organization, but may not be the best option of the disabled worker.
7. Require, through regulations, that State supported employment plans be developed in response to local collaborative planning that involves consumers, school-age, and adult service providers, employers, and local representatives of state agencies.
8. Develop economic incentives and operational policies which permit supported employment services to be managed at the local level with service providers accountable to consumers, employers, and the local support network that includes public and community agencies.

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Challenging Choices for Vocational Rehabilitation Facilities Response or Resistance to the Integrated Employment Initiatives

(Can Recently Enhanced and Improved Federal and State Policies Influence the Response?)

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For the past several years when support has been provided most persons with severe disabilities have been able to become gainfully employed. But for many of the employed group, employment was restricted to those opportunities offered in sheltered workshops. However, the new era of expanded employment options for persons with severe disabilities represents a major shift in program focus from structured, but sheltered and segregated employment to structured and supported, but integrated employment.

Major changes in key federal policy in 1986 removed, or are expected to result in removal of barriers to employment for persons with disability. The amendments also improved incentives and extended protection for persons who want to go to work even though disability continues. Most of the changes affect employment by or through rehabilitation facilities (i.e., sheltered workshops) as well as employment in the integrated settings (e.g., the regular labor market).

This paper discusses the impact of significant federal legislative changes pertaining to employment initiatives which were enacted by the 99th Congress in 1986 (Whitehead 1986b). These revisions are likely to have a major impact on the opportunities for, and protection of, equal employment for people with disabilities. These amended laws, sometimes collectively referred to as the "Employment Initiatives of the 99th Congress", involve six major legislative authorities:

1. P.L. 99-643, The Work Incentives Improvements of the Social Security Act (SSA);
2. P.L. 99-466, The Fair Labor Standards Act (FLSA);
3. P.L. 99-457, The Education of the Handicapped Act (EHA);
4. P.L. 99-506, The Rehabilitation Act (REHAB);
5. P.L. 99-514, The Tax Revisions of 1986 (Tax Reform); and,
6. P.L. 99-272, The Consolidated Omnibus Budget Reconciliation Act (COBRA).

The results likely to be derived from this 1986 action include improved stability and continuity in the funding of employment-related services, higher wage earnings in sheltered and other supported employment settings, greater opportunity for upward mobility and diversification in employment opportunity, increased employer response and participation, and a generally higher level of economic self-sufficiency for persons with developmental disabilities and others similarly disabled.

Relevance to Persons with Severe Disabilities

The benefits contained in the employment-related legislation represent unprecedented gains in terms of expanded opportunities for equal employment for persons with severe disabilities. The specific changes include:

1. provision of extended income support and medical services protection for people with disabilities who choose to go to work, even though they are "not medically recovered from a disability";
2. guarantee of "fair and commensurate wages" for workers with disabilities employed at wages below the statutory minimum hourly rate, and elimination of restrictive requirements in supported, sheltered and other structured employment settings;
3. provision of formal authorization of supported employment services as an approved program under the federal/state rehabilitation program, funding for supported employment programs through three avenues,

and revisions to definitions of "severe handicap" and "vocational rehabilitation services";

4. confirmation and strengthening of the provisions for planning transition services for students leaving or preparing to leave the school system to enter the community labor market, and requiring early intervention in individualized planning;
5. restoration of two specific tax incentives for employers who hire people with disabilities; and
6. authorization of the use of Medicaid funding for employment-related habilitation services and for targeting case management services to specific groups of people and/or programs to ensure ongoing access to community services.

These changes have major significance for persons with developmental and other severe disabilities. As noted, the programs establish or expand and improve key support systems necessary for obtaining employment in the community. The previous lack of an effective system has prevented or discouraged persons with disabilities from attempting to enter the regular labor market.

Consumer Perspective

Supported employment and other integrated options are viewed favorably by most consumers and their families, with the possible exception of some older persons who are content with the security afforded in the segregated, sheltered environment. In those instances in which a rehabilitation facility operates a supported employment program, the participants (workers) who move from the internal system into external employment are most often pleased with the opportunity for being a part of the regular world of work. Additionally, recent legislative changes have enhanced the community employment option. As a specific example, the changes in the Fair Labor Standards Act and the Supplemental Security Income Work Incentives will mean that the workers will often be able to earn higher wages and retain more of their earnings. They also will have medical coverage (Medicaid) when medical insurance is not available from the employer.

Relevance to Service Providers

Federal policy changes and the state implementation should enhance the scope of service providers' programs, ease administrative restrictions, and expand the funding base. It is also likely that these changes will provide improved flexibility in program development, and facilitate responding to operational structure changes necessary to accommodate supported employment as a program addition, conversion, or replacement. The change to integrated, on-site involvement with employers should also improve business and industry orientation, as well as community acceptance of the organization.

Suggested Improvements

Supported Employment offers a challenging opportunity for expanding and enhancing services to persons with disabilities for whom competitive employment has not traditionally been available. The changes which have been described offer an array of incentives and supports for the individual and for the service provider organizations. Several suggestions for improvement should be considered. These are described below.

Interagency Cooperative Agreements

Implementing the legislative initiatives of the 99th Congress at the state and local level will require extensive interagency coordination and cooperation for full benefits to be realized. The formation of linkages between state agencies (e.g., rehabilitation, vocational education, special education, employment services, mental retardation and mental health agencies) and private rehabilitation facility organizations will be critical. These agreements should address sharing of funding and other resources, as well as administrative responsibilities.

Training of Consumers, Parents, Providers, and Others

Understanding the provisions and requirements of the new legislation will require extensive training at all levels. Special attention to the SSI Work Incentives, the Rehabilitation Supported Employment Program, and the Fair Labor Standards wage provisions will be critical. The lack of understanding could result in failure to take advantage of benefits or comply with important requirements.

Technical Assistance to Rehabilitation Facilities

Federal legislative changes directly affect facility operations in the area of wage payments and funding. Facilities will need technical guidance in interpreting the changes, restructuring programs, redirecting funds, finding alternative uses for buildings, and retraining staff. Lack of understanding of methods and strategies for converting or adding supported employment programs may restrict response to the initiative. Additionally, in the absence of assurance that funding and related support will be available, facility administrators and boards of directors may be reluctant to commit resources to the supported employment change.

Needed Changes in Statutes or Regulations

In order to facilitate implementation of changes and improvements, additional action is necessary. These changes relate to changes on statutes or regulations. The following paragraphs identify needed changes.

Fair Labor Standards Act

Regulations for the Section 14C changes in the Fair Labor Standards Act (FLSA) are vitally needed. Interim operation poses risk for the employer when specific requirements are not clear, resulting in delays in responding to important changes. Also, the absence of regulations may cause resistance in adding innovative programs for which no prior regulations existed.

Social Security Disability Insurance

Additional changes in the Social Security Disability Insurance (SSDI) program are needed to provide work incentives to individuals with disability who are preparing to work. Extended coverages similar to those contained in the SSI (section 1619) program are also needed. The extended protection, and coverage of cash and medical assistance in SSDI programs would enhance work entrance of many persons with disability. Also needed is a special program for persons with severe physical problems and high medical costs for whom medical insurance is often unavailable, as well as unaffordable. This group should have special provisions, even if participation in the cost is necessary for those persons not qualifying under SSI or SSDI because of earnings levels.

Targeted Jobs Tax Credit Program

The re-authorization of the Targeted Jobs Tax Credit Program (TJTC), expiring in 1988, should be revised to recognize that an increasing number of otherwise eligible persons are being served under state or local programs other than state vocational rehabilitation systems (VR). While these persons are not clients of the state VR agency, a current requirement of the TJTC eligibility certification process, they would benefit from the use of TJTC when seeking employment opportunities.

Medicaid and Title XIX

Special action is needed by state agencies to modify State Medicaid Plans, and Home and Community Based Care Waiver Plans in order to take advantage of the broadened coverage provided in 1986 and 1987 legislation. This coverage authorized supported employment as a habilitation service for Waiver participants, and authorized targeted case management for Medicaid-eligible persons. Additionally, Title XIX Home and Community Based Care Waiver Program eligibility should be further revised to include persons "at risk" of institutionalization as eligible for habilitation services, including supported employment.

Implications for Private Business and Industry

Employers will benefit from the restoration of the Targeted Jobs Tax Credit and Barrier Removal Credit Programs. The response to supported employment has been mostly positive. The rehabilitation facilities have a responsibility for making certain that employers are aware of the 1986 changes.

As a result of the training and placement combination under the new supported employment and transitional programs, rehabilitation facilities will have improved capacity to provide qualified workers with necessary supports at the job site. The restoration of the employer incentives will also aid in employers' responses. The support system provided through the facility or through alternative structures should permit linkage with Employee Assistance Programs (EAP) operated by an increasing number of employers. This could offer an option to employers for providing or contracting for EAP services. Finally, the continuing involvement with the worker with a disability provides employers with unique back-up "product warrant" not available from other referring sources (e.g., public and private employment agencies).

Impact on Persons with Disabilities

The establishment of supported employment as a service system will permit inclusion of persons with severe disabilities other than mental retardation (e.g., persons with traumatic brain injury, persons disabled by chronic mental illness). The capacities for serving these other persons (beyond the traditional mental retardation category) will be possible as supplements to the basic supported employment program, but will require specific disability-related, individualized program designs. In addition, engineering and related technology development will also have a positive impact on the service system's capacity to serve these other persons who have severe functional limitations requiring adaptive or assistive devices.

Summary

The changes in Federal policy enacted by the 99th Congress have importance to consumers as well as service providers. For rehabilitation facilities the policy change implications extend beyond the traditional operation to include external programming. The FLSA changes ease administrative requirements while placing greater focus on fair and commensurate wages. Other changes enhance the opportunity for a stable, continuing array of services, thereby offering challenge and opportunity for the community-based facilities.

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